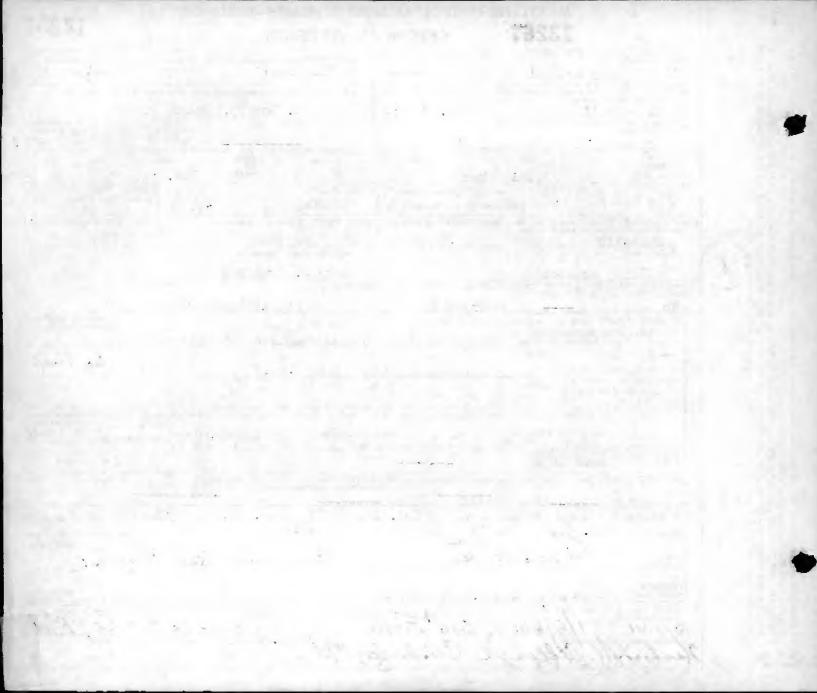
VE A15 (4) 15M 9/58

1. PLACE o. COU	OF DEATH	ine Arundel		MA	ARYLAND	2. USUAL RESIDENCE (W. o. STATEMARY Lar	here deceosed 1d	d lived. If instituti b. COUNTY				sion)
b. CITY	OR TOWN (If outside corporate limi	its, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If	outside corpo	rote limits, write R	RURAL ond	give ne	prest low	n):
(Crowns	ville		2 mo. 4	days	P. O. I	Box 75	, Church	Cree	k		
QR I	INSTITUTION	TAL (If not in hospitol, g				d. STREET ADDRESS		0	9x-2		e. IS RES	4 FAR
3. NAME DECEA! (Type o	SED	Fii Ber	tie A	Mid kon	ldle	Lost	4. DATE OF DEATH	Dec.	31,	Do	,	Yeor 19
5. SEX	F	6. COLOR OR RACE	7. MARR	_	RRIED	8. DATE OF BIRTH UNKNOWN		9. AGE (In years lost birthdoy) 58? yrs.	Months		Hours	ER 24
during	AL OCCUPATION OF WORLD	king life, even if retired	done 10b.	KIND OF BUSINESS		STRY 11. BIRTHPLACE (Stote Maryla		ountry)	12.CI	TIZENO	F WHAT (COUN
	R'S NAME					14. MOTHER'S MAIDEN	NAME					
	Rine	y Brannoch				Mary R. B	rannocl	h				
15. WAS D {Yes, no, or	DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY	NO. II	NFORMANT		Add	ress			
	AUSE OF DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ouse per lin	UNKNOWN		preumon	pital:	Hecords	nia	INT	ERVAL BI	ETWE DEA
Con gov	PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ony, which immediate the under.	o) (o)	UNKNOWN	(c).]	preumon	ia an	Hecords	nia	区区	ERVAL BI	ETWE D DEA
Con gov. cous. lying OR CC (IF EIT	AUSE OF DE. PART I. DE. Additions, if ce rise to if e (o), stoting g couse lost. PART II. OT ACCIDENT W. ONTRIBUTING THER, NOTIFY	ATH [Enter only one contact was caused by: IMMEDIATE CAUSE (or put to contact with the under the	Dobbon Per lin	UNKNOWN THE FOR (a), (b), and Apposta Apposta CONTRIBUTING TO AND CRIBE HOW INJURY	DEATH BUT DE AS	Preumon NOT RELATED TO THE TERM Sociated with D. (Enter noture of injury in	in a em	E CONDITION GI eyalized	sclen	IRT 1(0)	19. WAS PERFOYES	AUTO ORMED NO
Con gov. cous. lying OR CO (IF EIT 20c. TI	AUSE OF DE. PART I. DE. Additions, if ce rise to if e (o), stoting g couse lost. PART II. OT ACCIDENT W. ONTRIBUTING THER, NOTIFY	ATH [Enter only one contact the manage of the moder of th	Double per lin	UNKNOWN THE FOR (a), (b), and Apposta The value of the va	DEATH BUT DE OS Y OCCURREI	preumon atcide NOT RELATED TO THE TERM sociated with	ina em	E CONDITION GIVE POLICE (1) II of item 18.)	sclen	(County)	19. WAS PERFC	AUTCORMEI
WEDICAL CERTIFICATION MEDICAL CERTIFICATION ACTU SIGNA PHASI	AUSE OF DEA PART I. DEA PART II. DEA e rise to i e rise to i e rise to i e (o), stoting g couse lost. PART II. OT ONTRIBUTING THER, NOTIFY IME OF INJUI HOUR o. m. p. m.	ATH [Enter only one contact was caused by: IMMEDIATE CAUSE (or put to contact with the under the	Double per lin	UNKNOWN The for (a), (b), and Ayposta ONTRIBUTING TO PRIBE HOW INJURY ONLY ONL	DEATH BUT DEATH BUT	NOT RELATED TO THE TERM SOCIATED WITH D. (Enter noture of injury in ACE OF INJURY (Home, farratory, street, office bldg., etc.)	in a con nt linal Diseas Port I or Por 1, 20f. (City AM, fram ADDRESS (S	E CONDITION GIVE PROPERTY OF THE COUNTY OF T	Shat I I	(County)	19. WAS PERFOYES When the control of	AUTO ORMEI NO



13221

T9%99	CERTIFICA	ATE OF DEATH		Reg. Dis	t. No.
1. PLACE OF DEATH ANNE ARUNDEL	MARYLAND	2. USUAL-RESIDENCE (WHO		Finstitution: Resident	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL) and give nearest town)	of Terry	c. CITY OR TOWN (IF or	utside corporate limits	write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL OF not in hospitol, give street address OR INSTITUTION	100	d. STREET ADDRESS		\	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) /ATEKUS	Middle.	RONAS	4. DATE OF DEATH	Month	Day Year
Male Multe_ WIDOWED D	DIVORCED [8. DATE OF BIRTH	1 9	In years rithday Months Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUS	- marke	or foreign country)		ZEN OF WHAT COUNTRY?
13. FATHÉR'S NAME-Prelower		14. MOTHER'S MAIDEN N	AME	~	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (15. pp. or unknown) (If yes, give wor or dotes of service)	L SECURITY NO. 17, II	NFORMANT DECC	a-	Address	
18. CAUSE OF DEATH [Enter only one couse per lipe for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stoling the under- lying cause lost.	Sluce	mumo	nie		INTERVAL BETWEEN ONSET AND OF ATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	LE DE	NOT RELATED TO THE TERMIN MENT (Enter nature of injury in P.	A		1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED 20e. PLA lat while foc	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(C	ounty) (Stole)
21. I certify that I attended the deceased from alive an 12.759, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1	occurred at 30 p	/	ouses and an th	ast saw the deceased the date stated above.
BREMOVAL (Specify) 12/2/59 The	NAME OF CEMETERY OF	ecquirere	22d. LOCATION (City	town, or county)	Marylan
23 FUNERAL DIRECTOR'S SIGNATURE	DORESS Ward	1 11 1 1 1 1	8Y REGISTRAR 24 EC 3 '59	16. REØISTRAR'S SIG	1.4

er death? Page 4 funeral directar TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs effer death. May be retail by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral dipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/5S

(Kachauskas)

MERCH NO.3	MARHARD	39.25	
	Internal	,	
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			1000

VS A15 (4) 15M 9/58

MARYLAI	ND S	TATE	DEP	ARTMENT	OF	HEALTH-BALTIMORE,	18

CEPTIFICATE OF DEATH

13222

	132	69	CERTIFICA	ATE OF L	EAIH			Reg. Dist	No.	
	ne Arunde		-	a. STATE	Mary	rland	ved. If institutio b. COUNTY	A	A.Co	
Linthi	F outside corporate limiterest town) CUM HETS. (AL (If not in hospital, g		GTH OF STAY IN 16		thicu	m Hgt	e limits, write RL	IRAL and gi	e. IS R	esidence
OR INSTITUTION	551 Shi	pley Ro	24	551	Shir	oley R	d.		YES	NO TO
NAME OF DECEASED (Type or print)	John		Middle	rry		4. DATE OF DEATH	Dec.	- 16 -	Doy 1959	Year 19
male	6. COLOR OR RACE White	7. MARRIED I	DIVORCED	B. DATE OF BIRTH			AGE (In years last birthday) yrs.		YEAR IF UN	
during most of work Seafeare	ON (Give kind of work of king life, even if retired)	dane 10b. KIND O	F BUSINESS OR INDU	ISTRY 11. BIRTHPL	ACE (State a		Iry)		J.S.A	
FATHER'S NAME				14. MOTHER'S						
Thomas					Coll	ins				
WAS DECEASED EVE	R IN U. S. ARMED FOR	and at 1	C	INFORMANT			Addre			
no. of unknown)		217-1	6-7413	Mary L.	Sm1t	h 551	Shipl	ey Re	l.Lin	th.Hg
18. CAUSE OF DEA	ATH [Enter only and ca	use per line far (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. Myoca:	rdial I,su	fficiency	7					D DEATH
422.1	IMMEDIATE CAUSE (a		n						₩ N	OCT 2
	DUE TO					Jan. 35				
Conditions, if a gave rise to it		Arter	ioscleroti	e cardio	vascu	Tar. 01	sease			
couse (a), stating						*				
lying cause lost.) (c	}								
D 11	ER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TOURS	IAL DISEASE C	ONDITION GIVE	N IN PART	17 1 10 14/4	VICTORY ?
PART II. OTH					THE TERMIN	The District C		34 114 1 281	PERI	ORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		206. DESCRIBE HO	OW INJURY OCCURRE					33 831 ON	PERI	ORMED?
20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. INJURY C	OCCURRED 20e. PL		Finjury in Po Home, Farm,	art I or Part II	of item 18.)		PERI	ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	or 20d. INJURY C	OCCURRED 20e. PL of while work	ED. (Enter nature o	Finjury in Po Hame, Farm, bldg., etc.)	art I or Part II	of item 18.)	(Co	YES (FORMED? NO X
20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes 19	or 20d. INJURY C While No of work of	occurred 20e. Pl for while for work March 28	ACE OF INJURY (Interpretation) ACE of INJURY (Interpretation) ACE of INJURY (Interpretation) ACE of Injury (Interpretation) ACE of Injury (Injury) ACE of Injury) ACE of Injury (Injury) ACE of Injury (Injury	Hame, farm, bldg., etc.)	20f. (City or	of item 18.) town)	(Ca	YES ((State
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a, m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes 19	or 20d. INJURY C While No of work of	OCCURRED 20e. PL of while work	ACE OF INJURY (Interpretation) ACE of INJURY (Interpretation) ACE of INJURY (Interpretation) ACE of Injury (Interpretation) ACE of Injury (Injury) ACE of Injury) ACE of Injury (Injury) ACE of Injury (Injury	Home, farm, bldg., etc.)	20f. (City or Co. 27,	of item 18.) town) 19 ⁵⁹ , te causes once	(Co	YES ((State
20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes 19	or 20d. INJURY C While No of work of	occurred 20e. Pl for while for work March 28	ACE OF INJURY (Inclory, street, office	Home, farm, bldg., etc.)	20f. (City or 27)	of item 18.) town)	(Co	PERI YES [(State)
20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th alive on Dex ACTUAL SIGNATURE	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes 19	or 20d. INJURY Co While No of work of deceosed from 19.59	occurred 20e. Pt for work and march 28 , ond that death	ACE OF INJURY (Inclory, street, office) 1957 1 occurred at M.D. 41	Home, farm, bldg., etc.) to_Det_: 05A	20f. (City or 27, M., from the DDRESS (Street and Son	of item 18.) town) 1959, to e causes once city or town, s	hat I losi d on the	PERI YES [(State) deceosed
20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th alive on Dex ACTUAL SIGNATURE	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 Tot I attended the 2.26, George Kn. George Kn.	or 20d. INJURY C While No of work of deceosed from , 19 59	CCURRED 20e. PL for work 28 m March 28 m M M M M M M M M M M M M M M M M M M	ACE OF INJURY (Inclory, street, office) 19 57 10 occurred at 1 M.D. 41 DR CREMATORY	Home, farm, bldg., etc.) to De 4:05A.	20f. (City or 27, A., from the DDRESS (Street Condson 22d. LOCATIO	of item 18.) town) 19.59, the causes one of, city or town, and Avenue On Avenue	hat I lost d on the state)	res [(State) deceoseded obove
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20g. TIME OF INJUR Hour a. m. p. m. 21. I certify the alive on December of the actual signature PHYSICIAN'S NAME (Type)	AS UNDERLYING DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19 100 attended the 2.0.26, Clear Be Kn. 22b. DATE THEREO 12 130 1	deceosed from 19 59 Type M. DF 22c. N Me	occurred 20e. PL for work 28 m March 28 m, and that death	ACE OF INJURY (Inclory, street, office) 19 57 10 occurred at 1 M.D. 41 DR CREMATORY	Home, farm, bldg., etc.) to_Detailed Edm	20f. (City or 27, A., from the DDRESS (Street Condson 22d. LOCATIO	of item 18.) town) 19 ⁵⁹ , te causes once, city or town, s Avenue On Ave. N (City, lown, a	hat I loss don the state)	res [yes [(State

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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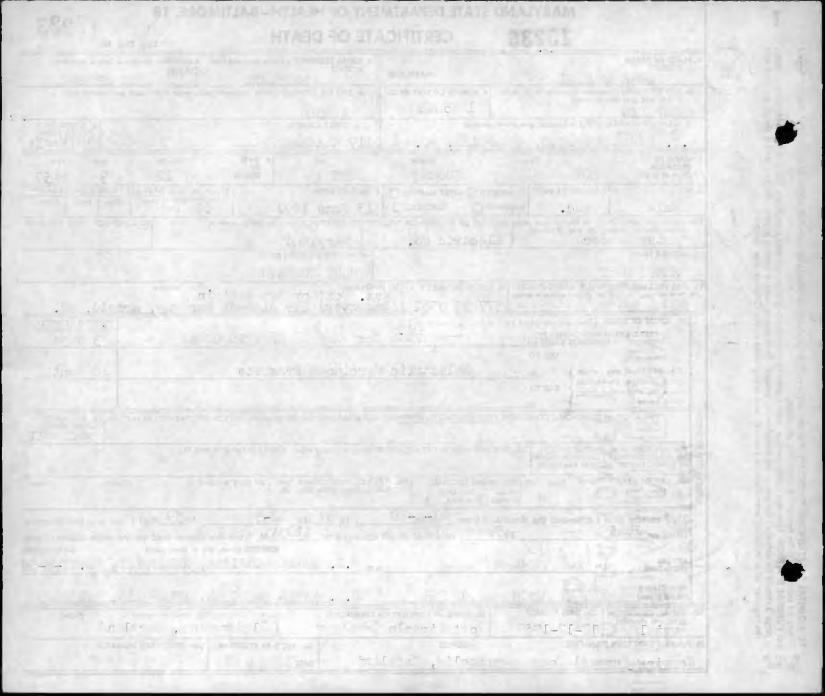
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VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 13224 Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 1061			E (Where decaased lived, I		ce before edmission)
Anne Arundel	MARYLAND	a. STATE Marvla	nd s. cou	Anne Ar	rundel
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Pasadena	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporala limits, wri	ta RURAL and give i	neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street addrass)	d. STREET ADDRESS	1364		. IS RESIDENCE
Ft. Smallwood Rd.,	Box 301	Ft. Sm	allwood Rd.,	Box 301	ON A FARM? YES NO
3. NAME OF First	Middle		4. DATE Mon		Year
(Type or print) JACOB	A.	BLUHM	December Dec	ember 4	1959
5. SEX 6. COLOR OR RACE 7. MARRI	EO X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White widow	ED DIVORCED	Nov. 14, 1885	74 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN O	F WHAT COUNTRY?
Baker	Baking	California		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
Adotph Bluhm		Louisa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yas no, or unkown) ((Ifyesgive war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	is	
No	Mr	s. Ruth Bluhr	Box 301 Rt	8 Page	dans Ma
18. CAUSE OF DEATH [Enter only one cause per	tine for (e), (b), end (c).]			INT	ERVAL BETWEEN SET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Cong	estive heart fa	ilure			SEI AND DEATH
422,1 OUETO Art	eriosclerotic o	cardiovascular	disease		
Condillons, if any, which 7 (b)					
gave rise to immediate cause OUE TO					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GI	VEN IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
CAT				1	ES NO E
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURED.	Enter nature of Injury in Pert I	or Part II of item 18.)		
Hour a.m. Whi	leNot While fac	ACE OF INJURY (Home, farm, story, street, office bldg., atc.)	20f. (City or lown)	(County)	(Stata)
21. I certify that I took charge of the re		ald an Autonsy 🔲 1	nspection X, Inqui	iry 🗍 and	in my opinion
Seath resulted from: Natural causes K		ide , Homicide	, Undetermined		in my opinion
Geath resulted from: Tradutal Causes in	Yeardelli	CHIEF MEDICAL EX		Hallifol [
ACTUAL Russell -	& Fisher	ASSISTANT MEDIC	46.	D	ATE SIGNED
		OEPUTY MEDICAL I	EXAMINER	12	/7/59
NAME (Type) Russell S. Fish	er, M.D.	Address (Street, cit	y, lown, or county)	10,	11/2/
228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, low	n, or country)	(Steta)
Criticalian Dec. 7, 1959	Loudon Park C	rematory F	rederick Rd.	Balto.	Md.
23. FUNERAL DIRECTOR	ADDRESS	24a. REC'E	BY REGISTRAR 245. RE	GISTRAR'S SIGNATU	JRE
Morale James 40	Ol Ritchie Hgwg	7. (25) DATE DE	EC 9 '59	Orthur S. Kr	aud

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DATE DEC 11

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VS A15 (4)

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	MARYLAND ST		ENT OF HEALTH-	-BALTIMORE,	18	1322
	13230	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	
o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where o. STATE liarylan	4		_ '
b. CITY OR TOWN (I RURAL and give no Annanc	egrest town)	ength of stay in 16		side corporote limits, write - Annnapoli	_	st town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give street oddre	55)	/d. STREET ADDRESS Cape St.	*	e.	IS RESIDENCE ON A FARM? YES NO Y
NAME OF DECEASED	First	Middle	Last 4	I. DATE Mo	onth Day	Yeor
(Type or print)			BRICE B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF	
Male o. USUAL OCCUPATION diffing most of work	White WIDOWED DON (Give kind of work done 10b. KIND king life, even if relired)	OF BUSINESS OR INDU	August 18, 18 STRY, 11. BIRTHPLACE (Stole or		12. CITIZEN OF W	
Tarmel 3. FATHER'S NAME	Gonese Gonese	el Com-mat	Maryla 14. MOTHER'S MAIDEN NA		U.S	•
Len Len S was deceased eve	GE H. 1910	AL SECURITY NO. 1	Sda S	Tincheo.	melo- dross every	<i>r</i> ,
(Yes, no, or unknown)	(if yes, give war ar dales of service)	97	no Wayne,	L. Jeaham	amag	boles n
	ATH (Enter only one couse per line for ATH WAS CAUSED BY:	(o), (b), ond (c).]	ende		ONSET	AND DEATH
33/x	DUE TO	4	104	-		-
Conditions, if a gove rise to in couse (a), stating lying couse lost.	mmediate DUE TO	nesti	ged and	nouse	wing	
	HER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	ALD SEASE CONDITION GI	24	PERFORMED?
PART II. OTH	AS UNDERLYING [] 20b. DESCRIBE [] CAUSE OF DEATH MEDICAL EXAMINER)	HOW INJURY OCCURRE	D (Enter noture of injury in Po	rt I or Part II of item 18.)	- June	res 🗍 NO 🔼
ZOc. TIME OF INJUR	While	OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home form, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	at I attended the deceased for			2-26- 17		
alive an 12	-25. 1859	_, and that death	accurred at 2:30AM	A, fram the causes a DDRESS (Street, city or town		tated abave. DATE SIGNED
ACTUAL	rand M &	leiply	M.D. 121 Cath	edral St.,	12-	2/.5
PHYSICIAN'S NAME (Type) HT	ank M. Shipley		Annapoli	s. Md.		
220 BURIAL, CREMATIO MEMOVAL (Specify)	Dec 29259 1	NAME OF CEMETERY O	users Cent	STMULGUS	els a96	(State)
23. FONERAL DIRECTOR	s signature 7, Laylor Sous G	address pili	Mc 24d. REC'D	V	SISTRÁR'S SIGNATURE	

r death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Tre funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremotian, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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TO HOSPITAL VS A1S (4) 15M 9/SB



TO HOSPITAL

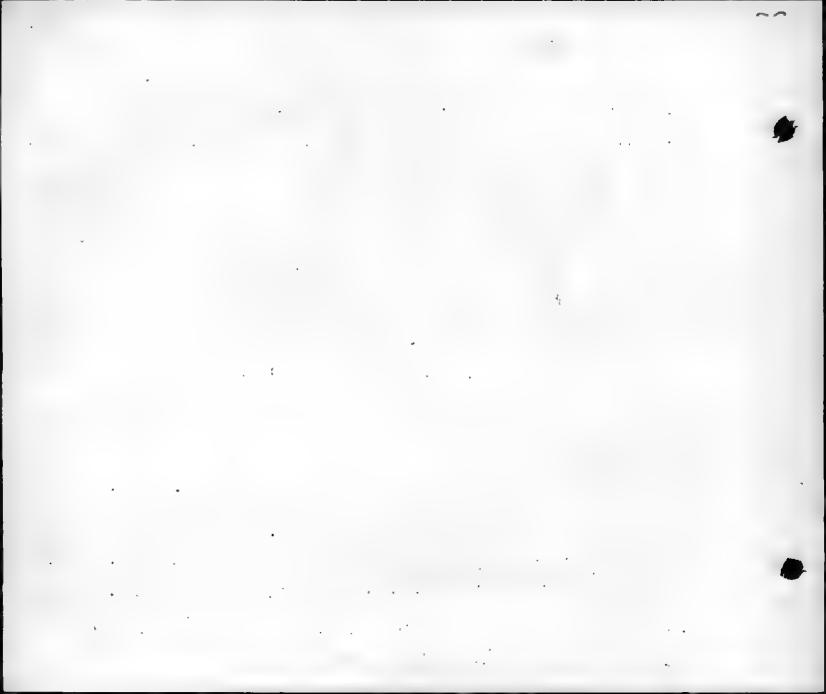
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13271

13228 Reg. Dist. No.

	1.	PLACE OF DEATH o. COUNTY Anne Arun	del			MARTINA	0.5	AL RESIDENTATE		ere deceosed	b. CO	YTŅU	n: Resider		e odmissi	on)
		b. CITY OR TOWN (I RURAL and give no Crowns vil		ts, write	c. LENGTH O	5 days		agers		utside corpo	rote limits, v	write RI	JRAL and	give nea	rest lawn)
0		OR INSTITUTION	AL (If not in hospitol, g le State H					O9 VI.		hel S	Street			•		DENCE FARM? NO 1
		NAME OF DECEASED (Type or print)	Fig. C3	neste	r	Middle	I	wine t	t	4 DATE OF DEATH		Mon 12		Day 2		59
	3	5. SEX 6. COLOR OR RACE 7 MARRIED XXNEVER MARRIED Male Negro widowed Divorced						of BIRTH 1876			9 AGE (In lost birth	yeors iday) yrs.	Months	Days	Hours	R 24 HRS. Min.
_		10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Unknown 13. FATHER'S NAME							nown		ountry)		12. CIT		WHATC	OUNTRY?
I		Unknown		2522				Unkno	wn			- 11				
	N'e		R IN U. S. ARMED FOR If yes, give war or doles of s		Unknot		H _O S]	ital :	Reco	rds		Addı	ess			
			m mediate DUE TO)	Broncho	ond (c)] Opneumon		ascul	ar D	isease	9				RYAL BE'	
つ.	CERTIFICATION	PART II. OTH) (c IER SIGNIFICANT CON		CONTRIBUTING	TO DEATH BUT	NOT RE	ATED TO TH	IE TERMIN	NAL DISEASI	CONDITIO	N GIV	EN IN PAI	RT 1(a) 15	PERFO	NO [
		(IF EITHER, NOTIFY	S JNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	IJURY OCCURRE	O. (Enter	nature of in	jury in P	ort I ar Pari	Il of item	1B.)	-			
	MEDICAL	20c, TIME OF INJUR Hour o m. p. m.	Y Month, Day, Yes	While at war	NJURY OCCURI Not while k ot work	La.	ACE OF tory, stg	NJURY (Hor jet, office bi	dg., etc.;) -	or town)	-	(County)	-	(State)
		21. I certify the	at I ottended the	deceas		$\frac{11/16}{1}$		19 <u>.59</u> ., 1 red at 9 :	40A		the cause	es on			stated	obove.
1		ACTUAL SIGNATURE	lelefard (Lea	ta Ka	,	M.D	Crowns		e Sta	. ,			d.	12/2	e signed 1/59
-	22o	BURIAL CREMATIO	Hildegard H			an, M. I				e Sta		an Allen and		d.	12/2	
		REMOVAL (Specify)	Dec 24	1959	Rose	Hill 6	' .	tery		Has	just	076	٧., -	md	- 5	.,
N.	23.	FUNERAL DIRECTOR	Watson	9	ADDRESS	tomic	9,			BY REGIST 2 8 '5	•		trar's si			



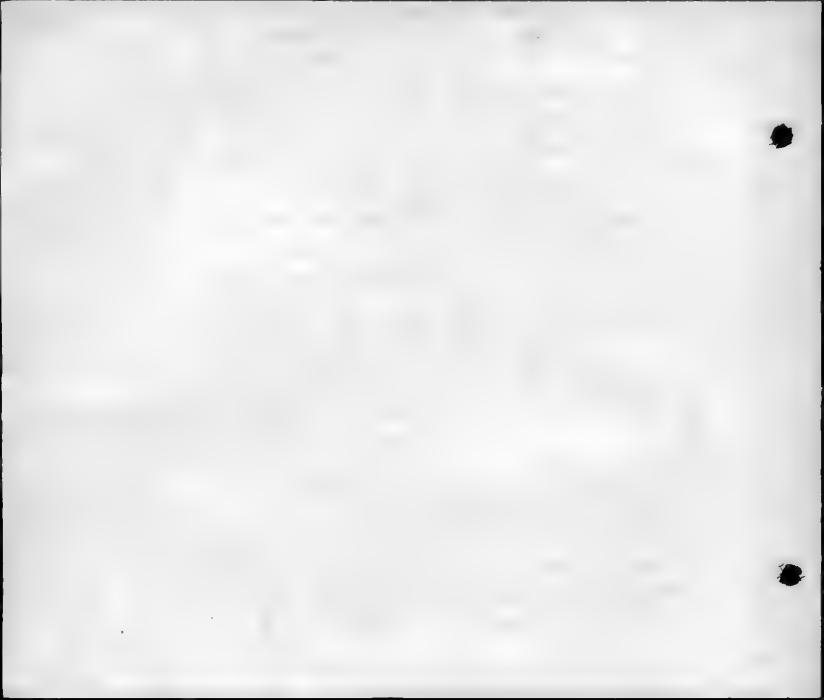
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY 1 O. STATE b. COUNTY MARYLAND burial, CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR/TOWN (If gutside corporate limits, write RURAL and give nearest fown) nd give regress town) BULR 2 d. NAME OF HOSPITAL d. STREET/ADDRESS e. IS RESIDENCE OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO [] NAME OF DATE Day Month Year DECEASED (Type or print) 19 7 5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED B. DATE OF BIRTH 9. AGE Ile years IF UNDER TYEAR IF UNDER 24 HRS Months Min. Hours WIDOWED [DIVORCED yrs. retair 2 will Too. USUAL OCCUPATION (Give kind of work done) Tob. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) It rought å 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Page ARMED FORCES? 17. JNFORMANI Address File PM3. IB CAUSE OF DEATH | Enter only one cause peptine for INTERVAL RETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) farm re f. Chle **DUE TO** alang with Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last.

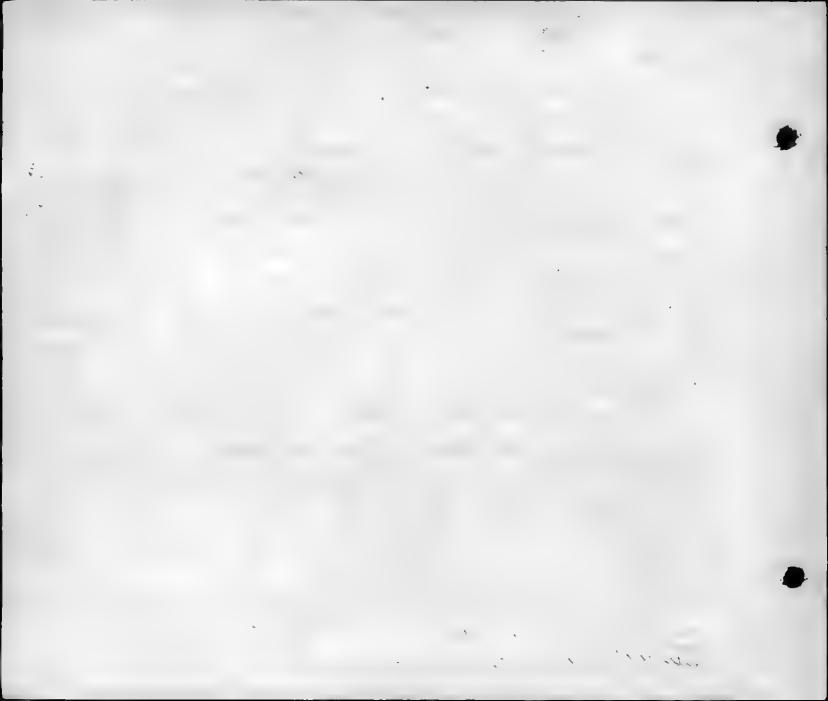
Ö 1, 2, may Pages 7 Give pencil shauld cate, writing the ward "pending" in to the Chief Medical Examiner's Office DIRECTOR: Page 3 shauld be used as a forwarded to D FUNERAL I cute the 0

VS. A15ME(5) 5M 9/55

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.; While g. m. Not while at work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection Natural causes 1 Suicide . Homicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 17 NAME (Type) 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Beacon Chapel Buria. Laurel **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ridgley Selby, 1200 Snowden Place, Laurel, Md arilar & Thous DATE DEC 7







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13232 1327MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY a. STATE b. COUNTY b. CIDE OR TOWN (If outside carporate fimits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside,corporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hospital, give street address) e. IS RES DENCE YES NO NAME OF First Middle 4. DATE Manth Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE/ 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday Ноип Min WIDOWED I DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) CITIZEN OF WHAT COUNTRY? and may 14. MOTHER'S MAIDEN NAME pages Pages N3 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Give 1B. CAUSE OF DEATH [Enter only one cause perstine for (a), (b), and (c).] INTERVAL BETWEEN CHISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 04 Canditions, if any, which pencil gove rise to immediate couse **DUE TO** (a), stating the underlying cause last. .= O Fice PART II. OTHER SIGNIFICANT CONDIT INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 17, WAS AUTOPS ő PERFORMED? NO I 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) f Exami ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20o. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While g. m. Nat while at work at work 21: I certify that I took charge of the remains described above, held an Autopsy-4, Inspection and find that Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED farwarded by FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [7] NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify)

Beacon Chapel

Laurel .Wd

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

24a. REC'D BY REGISTRAR

DATE DEC 31

VS. A15ME(5)

Burial

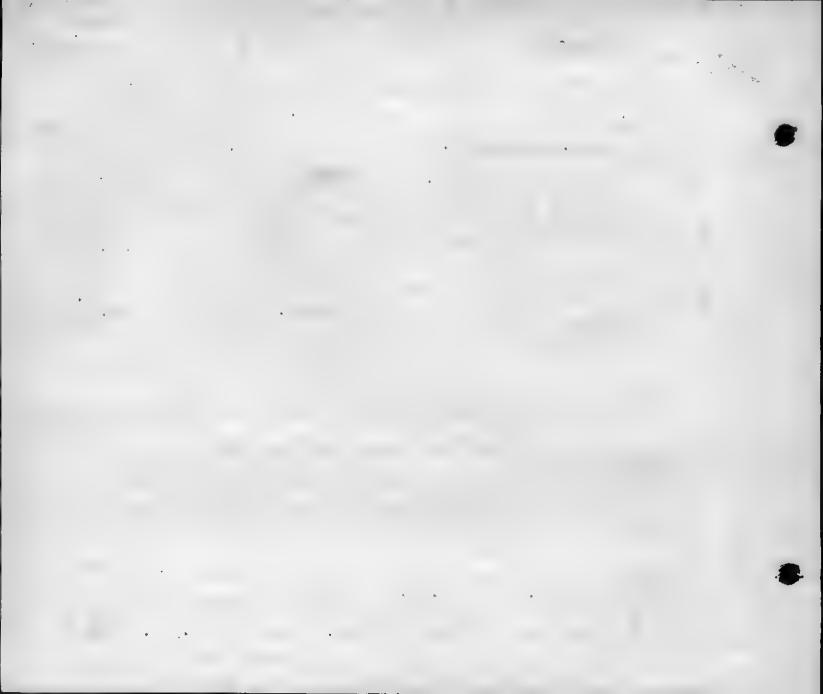
23. FUNERAL DIRECTOR'S SIGNATURE

12-30-59

R.Selby, 2200 Snowden Place, Laurel, Md



\	te	ras 1682]	Filtoran	MARY	LAND STAT	E DEPART	MENT O	F HEAL	.TH		
POD OTLET			STATISTICAL	RESEAF	RCH AND RECO	RDS, 301 W	. PRESTON	STREET	, BALTIMO	DRE 1, MAR	YLAND
FUK STATE	<u> </u> _		3276ME	DICAL	. EXAMINE	K.2 CEK	TIFICATI	E OF	DEATH		13233
HEALTH VEPT	1.	PLACE OF DEATH				2. USU		E (Whare da	caased lived, If b. COUN	nstitution: Resider	ice before adm ssion
Pagrines.			Arundel		MARYLA	NTD	Maryla		_	Anne A	rundel
of fire		b. CITY OR TOWN (I write RURAL and	f outside corporate fir give nearest town)	m:ls,	c. LENGTH OF STAY II	4 1b ε. Cl1	TY OR TOWN (If	outside corp	orate limits, write	RURAL and give	neerest town)
2 2 2 T			Margarets				St. Ma	rgare	ts		
for Boar					pitel, give street address)	d. ST	REET ADDRESS				IS RESIDENCE ON A FARM?
# 6 Z a - ^			- St. Mar	garets		*		e No.	4		YES NO
If any of the function of the State death	3.	NAME OF DECEASED	rin Tara	SÎ	Middla	-		4. DATE OF	Month		Year FO
fer th		(Type or print) SEX	LEO		V.		TTAN	DEATH	Decen	iber 2,	
dead d 3 wit	٥.				D NEVER MARRIED	-		, , , , , , , , , , , , , , , , , , ,	lest birthday)	Months Days	Hours Min.
ter dans day	102	Male	White ON (Give kind of wo	WIDOWE	D DIVORCED IND OF BUSINESS OR INI	J. June		foreign gov	D (yrs.	1 12 CITIZEN C	F WHAT COUNTRY
rs af 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2 1,2	do	na during most of wo	rking lifa, avan If rati	red)					111173		WHAT COUNTY
S. P.	13.	Engineex		eT	ectronics		itzerlan: HER'S MAIDEN N.			I U. S.	_A
PM3.		Leon Cat	ton								
8. Giv form form if. File	15.	AS DECEASED EVE	ER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.		rtha Sch	ultz	Address		
	Υœ	s, bo, or unkown) (II	fyas give war or dates o	fservica)		Mno Po	nthe W	Contribution	. Dl.		Md.
		Z	EATH [Enter only or	ne cause par l	ina for (a), (b), and (c).)	THES De.	rtha .M.	Cantar	- ALUL	I N	Margarets TERVAPBETWEEN
exectly in the property of the		PART I, DEAT	H WAS CAUSED BY	, Me	thyl alcoh	ol pois	oning			01	NSET AND DEATH
be enci		88 . 1	DUE TO								
Office Over 1		Conditions, if any	, which) ()	b)							
shoring,		geve rise to immedia (a), stating the un	No. Police To	0							
icate andiine nine d a:		cause last.) (c)							
Exan Exan tion	NO	PART II. OTHER	SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINA	AL DISEASE (CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
his conditions of the conditio	CERTIFICATION		T							-	YES X NO
he v hedi hedi cr	ERTIF	20a. EXTERNAL CA PRIMARY ☐ or CO		20b. DESCR	IBE HOW INJURY OCCU	RED, (Enter natura	of injury In Pert I	or Pert I, of	rem 18.)		
NES NES 3 sl		20c. TIME OF INJU	BV 34-47 D-11)	1201	INJURY OCCURRED 20	BLACE OF INIT	IDV (III f	20f. (City		[County]	(Slata)
writin Chie age 3	MEDICAL	Hour a.m.	RY Month, Dey, Y	While	Not While	factory, street,	offica bldg., etc.)	201. (City	or lown)	(County)	(21818)
EXX.	×	p.m.	19	at wor		- 1-1-1 A.	الم		Inquir		1
計画 50 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			rom: Natural		ains described abov	Suicide .	Homicide		determined m		I in my opinion
Sept and		Geant resulted 1	Toni: Tradular	causes []	Accident		HIEF MEDICAL EX		Javarinned iii	anner Z	
EDIC to the ce forward L DIRE		ACTUAL (111111	Mas	XX/	A	SSISTANT MEDIC	_	J FIR Fo∓] €.	4	DATE SIGNED
orte ALL nate		Signature	1/11	Ujus	200		EPUTY MEDICAL I			1	2/3/59
DEPUT FEDI ase execute the vice found be forwar FUNERAL DIR its designated ac		EXAMINER'S NAME (Typa)	William V	Lovi	tt, Jr., M.I	1	ddrass (Street, cit	_	_		, , , , , ,
DEP ease shoul FUN	22a	BURIAL, CREMATIO	N. 226. DATE THE	REOF	22c. NAME OF CEMETE				ION (City, lown,	or country)	(Stata)
0 0 40 9		Cremation	21 /-1-		Green Mou	nt Crem		В	alto	Md.	-
VS. ATEME	23	FUNERAL DIRECTO	17	, (ADDRESS	1 5	24e. REC'C	BY REGISTE	RAR 24b. REG	ISTRAR'S SIGNAT	SRE E
5M 7/59		elith. t.	Jul 181	((1)	todering -	MALLE	DATE DE	C 8 '5	9 0	bottom & the	and.
					17	1166					



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VS A15 (4)

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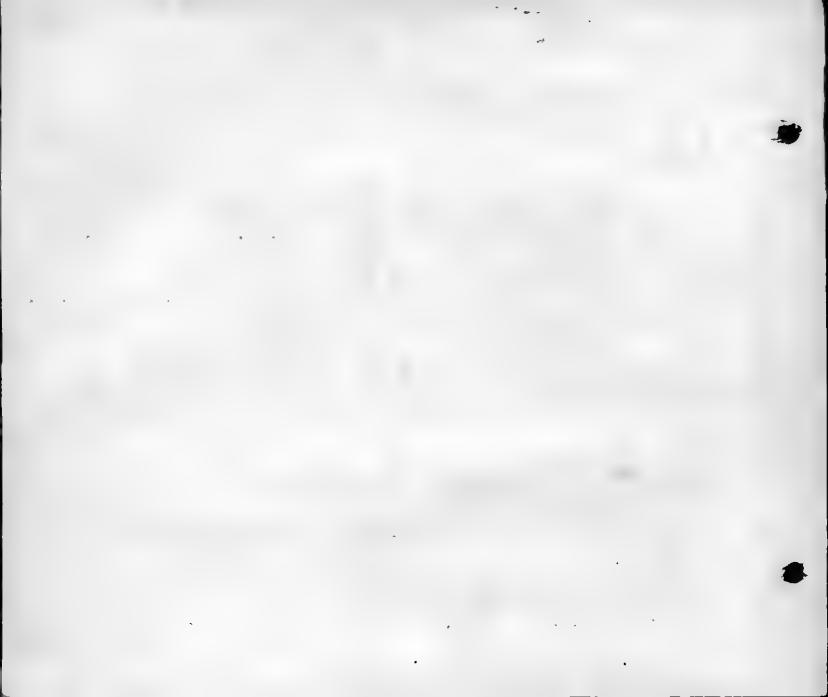


MARYLAND S	TATE DEPARTMENT	OF HEALTH-BALTIMO	RE, 18
13278	CERTIFICATE	OF DEATH	Reg. Dist. No.

13235

1.	D. COUNTY	mae lei	iud.	(M	ARYLAND	2. USUAL RES	ind (wi	here deceased		institutio OUNTY	n: Residenc	befare ad	mission)
	b. CITY OR TOWN (II RURAL and give ne	outside corporate lim	its, write	E LENGTH OF ST	AY IN 16 -	c CITY OR	TOWN (If o	outside corpo	rate limits	, write RU	RAL and gi	ve nearest t	lown)
	NORNE GIRE GIVE HE	4-124	Dishil	X1 310	Yelny	Balti	more				3 V 0	1-4	•
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, of	give street o	ide, Ch.	Him	d. STREET		Sharp	e St			e. 15 O	RESIDENCE N A FARMS
	NAME OF DECEASED (Type or print)	Al be		Mid		ark	sl	4. DATE OF DEATH	Dec	Mont embe	r 23.	Day	Year 19 59
5.	SEX	6. COLOR OR RACE	7 MARRI	ED T NEVER MA	RRIED 🔲	8. DATE OF BIRT	'H	-	9. AGE I	n years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
	Male	Negro	WIDOWE	ments.	RCED 🗍	October	16.	1873	9, AGE (thday]		Days Ho	
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b. I	KIND OF BUSINES	S OR INDU:	STRY 11, BIRTHP	LACE (State	or foreign c	ountry)	,	12. CITI	EN OF WI	HAT COUNTRY?
	Labo	ing life, even it relifed)	None		1	timore	_			1	U. S.	
13.	FATHER'S NAME					14. MOTHER'S		*					
		Unknown				1	Inknow	Tite					
15	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16 9	SOCIAL SECURITY	NO 17. II	NFORMANT	J12110 W	7 2 4		Addre	174		
Į¥ω		If yes, give wat or dates of s		Joena Scoom .		aza Mano	or Hos	nital	Reco		_	Burn	ie. Md.
⊨	In CAUSE OF DEA	THE THE PARTY OF T	11/2			aza ranc	7. 110.0	Spi vai	20000	1 409	91011		
		TH [Enter only one co	iuse per iin	1								ONSET A	BETWEEN ND DEATH
		IMMEDIATE CAUSE (o	7	pering	in play (C	A							
	44.	DUE TO	1	4Revile	2 4	2 /2	0	1.		4	130		,
	Conditions, if an)	7/100/00	17.3.6	4 (9.	MCL	1/67	teek	ing	XEL 7	ich	6
	Cause (a), stating t		//		-	le , maybeans ,							
_	lying cause last.) (c	1			/						<u> </u>	
é	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDIT	ION GIVE	N IN PART	1(a) 19. W	AS AUTOPSY REORMED?
[3	(1 Tell CX	-ker	my cho.	- Brook	Sell, La	1 Liky		-				□ NO □
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	Y OCCURRE). (Enler nalure d	of injury in 1	Part I ar Port	II of item	18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	Not while of work	20e. PL/ for	ACE OF INJURY (dary, street, office	Home, form e bldg., etc) 20f. (City	or town)		(Co	unly)	(State)
	21. I certify the	at I attended the	deceose	ed from 2/	7/2	7 19	, to ./	1/20	7	19 7	that I Is	st saw H	ne deceased
	alive on .	1/12	/19 5	* F 7	of death	occurred at	7-72	M from					
	No. 100	L' 1'	/	, and in	ar acom	occorred di		ADDRESS (St				a date si	DATE SIGNED
	ACTUAL SIGNATURE	eters 1	TLEE	ulle	- 1-	MD	7:0	1 100	X S	7	<u></u>	pp**	2/23-
	PHYSICIAN'S NAME (Type)	Fifeb	7:	9 Vath	ofhe?	·	Où	Fai	tou	1	-22		
220	BURIAL, CREMATION REMOVAL (Specify) BUTIST	12-24-59)F	22c. NAME OF C				22d. LOCAT Balt:	ion (City	town, or	rylan	d (State)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC*	D BY REGIST	RAR 24	b REGIST	RAR'S SIGN	NATURE	
W	illiam A.	Jackson Fu	neral	Home In	c. 916	Penna.		DEC 2 8		a	nthun &	threes	

Ave.



CERTIFICATE OF DEATH 12010

13236

						Keg.	DIST. NO.	
1. PLACE OF DEATH COUNTY Anne Ar	undel	MARYLAND	- CTATE	ence (Whe	re deceased lived	If institution Res. COUNTY Ant	idence before 16 Arw	e admission) n del
b CITY OR TOWN (If outside cor RURAL and give nearest town)	porote limits, write	c. LENGTH OF STAY IN 16			Itside corporate lim	its, write RURAL o	and give near	rest town)
Annapolis d. NAME OF HOSPITAL (If not in OR INSTITUTION	haspital, give street	5 hours	d. STREET AL	hadys DRESS	ide		e	. IS RESIDENCE ON A FARM?
Anne Arundel Gen	eral Hospi	tal			- <u></u>			YES NO
3 NAME OF DECEASED (Type or print)	illiam /	Arrison	CRANDEL	_	4. DATE OF DEATH D	Month ecember	Doy 4	
s. sex 6, color Whi:		DIVORCED	B DATE OF BIRTH June 10		lost	birthdoy) Mont		Hours Min.
10a. USUAL OCCUPATION (Give kin during most of working life, eve		KIND OF BUSINESS OR INDU	STRY II. BIRTHPLA	CE (Stote o	a Shady		CITIZEN OF	WHAT COUNTRY?
Talin A. C.I	RANDAL RMED FORCESS 114	SOCIAL SECURITY NO	Mat	+10	Evan	S Address	h-	
	or dates of service)	12-18-4249 R	uky Eu	9 CHIO	CRANDI	- 1	dyside	MAL RVAL BETWEEN
PART I. DEATH WAS CA IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), storing the under: lying couse lost. Part II. OTHER SIGNIFIE	DUE TO (b) DUE TO (c)	cumatre la	rant of	THE TERMIN	NAL D SEASE CONI	DITION GIVEN IN	5	Y yu
PART II. OTHER SIGNIFIC	NG □ 120b. DESC	CRIBE HOW INJURY OCCURRE						YES NO
(IF EITHER, NOTIFY MEDICAL E) 20c TIME OF INJURY Month. Hour o. m. p. m.	Doy, Year 20d. It	Not while fo	ACE OF INJURY (Foctory, street, office			rn)	(County)	(Stote)
21. I certify that I after alive an ACTUAL SIGNATURE ALL C	19 of worlded the decease 3, 19 !!			A	M, fram the c ADDRESS (Street, ci	auses and an	-	the deceased stated above. DATE SIGNED
	. <u>Hedeman</u>		Annar	olis,	Marylan			
220. BURIAL, CREMATION, 22b. DA REMOVAL (Specify)	TE THEREOF	Fort Lincola			Bladeys	burg A	70%	(State)
23 FUNERAL DIRECTOR'S SIGNATULE	E. T. S. 1	ADDRESO			BY REGISTRAR	24b. REGISTRAR'S		
Bevices 14000-0	- 4 mal	AN WAY		DATE DE	C 9 '59	arthur	S. Him	4

er deoth. Page 4

NTTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, polled 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages I and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs ofter death.

TO HOSPITAL VS A15 (4) 1SM 9/58



VS A15 (4) 15M 9/5S

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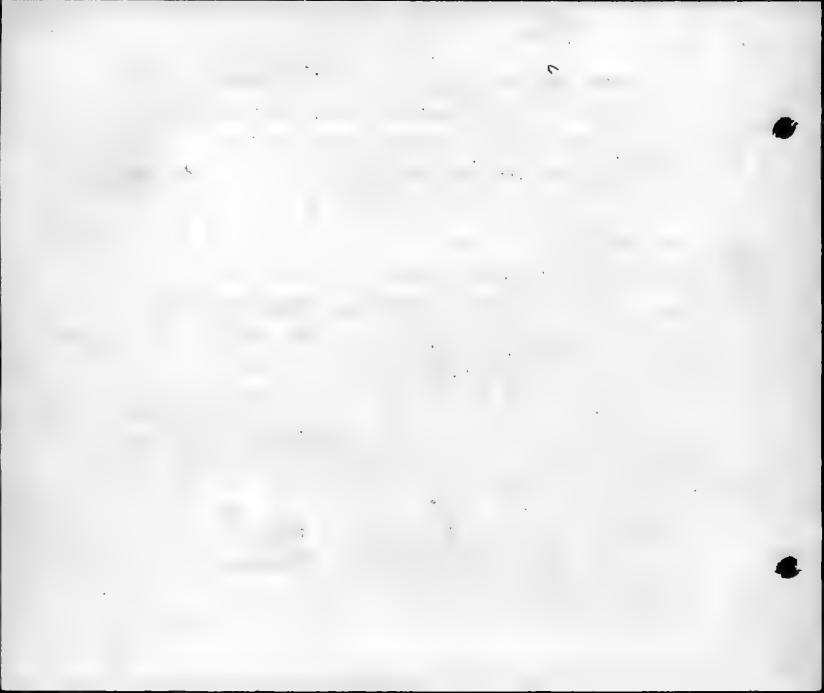
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3241 CERTIFICATE OF DEATH

13241

13237 Reg. Dist. No.

=										
1. PLACE OF DEATH O. COUNTY Anne Arundel County MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE yland b. COUNTY Anne Arundel						
b. CITY OR TOWN (If autide carporale limits, write c LENGTH OF STAY IN 1b RURAL and give negrest town). Annapol is				x c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General				d. STREET ADDRESS					PARM?	
3. NAME OF Fir DECEASED (Type or print) Mary		Mary	Middle S.		Dixon			24/59		Yeor 19
		1 171.2.2.	MARRIED NEVER MARRIED		5/5/04 5/7/	10.3	9. AGE (in years last birthday)		YEAR IF UNDI	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if retired) HOUSEWIIE		106 KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPLACE (State Maryl		with City	12. CITIZ	EN OF WHAT United	COUNTRY? States	
13. FATHER'S NAME					14 MOTHER'S MAIDEN NAME					
	Louis I	. Siegert			Ella M.	Mustual	٦			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO				IFORMANT	HOUNCI	Addı	P\$\$ /		
{Ye	NO or unknown)	if yes, give war or dates of service)		#. #	ARTHUR DI	XON/				
	18 CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c) Coronary Thrombosis due to Rhemmatic Heart								ONSET AND	DEATH
	IMMEDIATE CAUSE (c) Coronary Thrombosis due to Rheumatic Heart DUE TO									
	Conditions it are which \ Pulmonomy Fmholus									
	gave rise to immediate									
	Lucy Charles Ind									
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART								1-110 WAS	AUTOPEV
4110) I I I I I I I I I I I I I I I I I I I	er sioitilesiti contino	CONTRIBUTING TO DE		NOT RECATED TO THE TERMI	INAE DISEAS	E CONDITION GIV	EN IN PARI	PERFO	RMED7
Ę	20a. ACCIDENT WA	S LINDERLYING D 20h	DESCRIBE HOW INTURY	CCHOPED	. (Enter noture of injury in I	Port Los Pari	I I of item 18 t		YES [но 🗌
1 CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW HOOK!							
MEDICAL	20c. TIME OF INJURY Hour a, m. p. m.	W	od INJURY OCCURRED Thile Not white work at work	20e. PLA foci	CE OF INJURY (Hame, farm tary, street, office bldg, etc	20f. (Cily	ar lown)	(Co	unty)	(State)
	21. I certify that I attended the deceased from 9/10/55 19 to 12/24/ 19 59 that I last saw the deceased									
	alive on 12/24/59, 19, and that death accurred at 5 P. M. from the causes and an the date stated above.									
	Appress (Street, city or town, stete) Out of the date stated above. Appress (Street, city or town, stete) Out of the date stated above.									
	ACTUAL 5	mily H-1	Man	^	AD. LIT	tuar	, md		12-5	1.59
	PHYSICIAN'S NAME (Type) En	nily H. Wilso	n. M.D.		Lothian	Maryl	and			
220	BURIAL, CREMATION REMOVAL (Specify)	12/26/39	22c. NAME OF CEN 2 USINE	ETERY OR	CREMATORY	228 LOCAT	TION (City, towar, o	r county)	(510th	
23,	FUNERAL DIRECTOR'S	1	ADDRESS /		24o. REC'	D BY REGIST	RAR 246 REGIS	TRAR'S SIGN	ATURE	
1	server H	berduly Fu	event c	-	DATE JA	IN 6 '6	30	# f . C		
-		<u> </u>			1			Ilma- 9	France -	





CERTIFICATE OF DEATH 13280 Reg. Dist. No director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 6 COUNTY MARYLAND Anne Arundel funerol b CITY OR TOWN (If gutside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give necrest lown)
Laurel, Md. Washington, D.C. ₽ d. NAME OF HOSPITAL (If nat in hospital, give stree Chriefic ren s Centerd. STREET ADDRESS e. IS RESIDENCE ON A FARM? District Training School, Laurel, Md. 4625 - 8th Street N.W. YES 🗍 NO 🗗 3. NAME OF 4. DATE Year Field 1959 Ruth December DEATH (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys December 14,1920 Female white WIDOWED [DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Washington, D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Field Emma IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Children's Center, Laurel, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING 1 296 DESCRIBE HOW INJURY OCCURRED (Enter native of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Day, Year 20d. INJURY ÓCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not while at work at work Tea. 15, 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at ______M, from the causes and an the date stated above. ADDRESS (Street, city or town, state ACTUAL SIGNATURE NAME (Type LOCATION (Gily, town, or coonty) 2 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS. A15ME(5)

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg, Dist. No.

- 15		Reg, Dist, 1101
	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)
	MARYLAND	o. STATE As b. COUNTY of the start of the
	b. CITY OR TOWN [If outside corporate lights, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Kunal-Elvatoni-	* HANOVER - MO.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
-	D. J. A. HINE HRYNDEL GENEROL	Ridge-Rond. YES NO
1	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year
	(Type or print) EdgAK R	TOR CL DEATH /2 1937
1		DATE OF BIRTH 9. AGE (In years less brithday) Months Days Hours Min.
1	79 WIDOWED DIVORCED	0 1 1/ht-26 67 m
4	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Floor finisher (tet) Self Employed	Maryland U.J. 4"
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ţ	George FOR	Caroline Jettret
Л	(Yes, no, or unknown) Iff yes, give war or dates of service)	NFORMANT Address
Ж	1/43 W.WIZ 219-22-3800 /	413- Alice Klein Samotista
7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN OUSSET AND DEADH
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Hirdan
1	434.4 DUE TO	· · · · · · · · · · · · · · · · · · ·
1	Conditions, if ony, which) [b]	
1	gove rise to immediate cause (a), stating the underlying DUE TO	
1	couse last. (c)	
. 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	CAT	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO COURRED. (En CAUSE OF DEATH.)	nter noture of injury in Part 1 or Port II of item 18.]
- 1		PERSENHINE THE SAME SAME SAME SAME SAME SAME SAME SAM
	Hour o. m. While Not while factor	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) cry, street, office bldg., etc.)
1		
1	21. I certify that took charge of the remains described above	
-	death resulted from Natural cooses . Accident . Suice	cide, Homicide, Undetermined cause
1	ACTUAL COLO	DATE SIGNED
-	SIGNATURE Sun haids	_M.D. CHIEF MEDICAL EXAMINER
2	EXAMINER'S F. LINBARY	ASSISTANT MEDICAL EXAMINER 1 12/8/55
	220. BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify).	CREMATORY 22d. LOCATION (City, town, or county) (State)
	Butie 12Dec-1959 FI-16 nds/10	Cemi A.A.Co, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	No To Dung aton Glen Burnie)	10. DATE DEC 1 0'59 Cuthing & Kraus

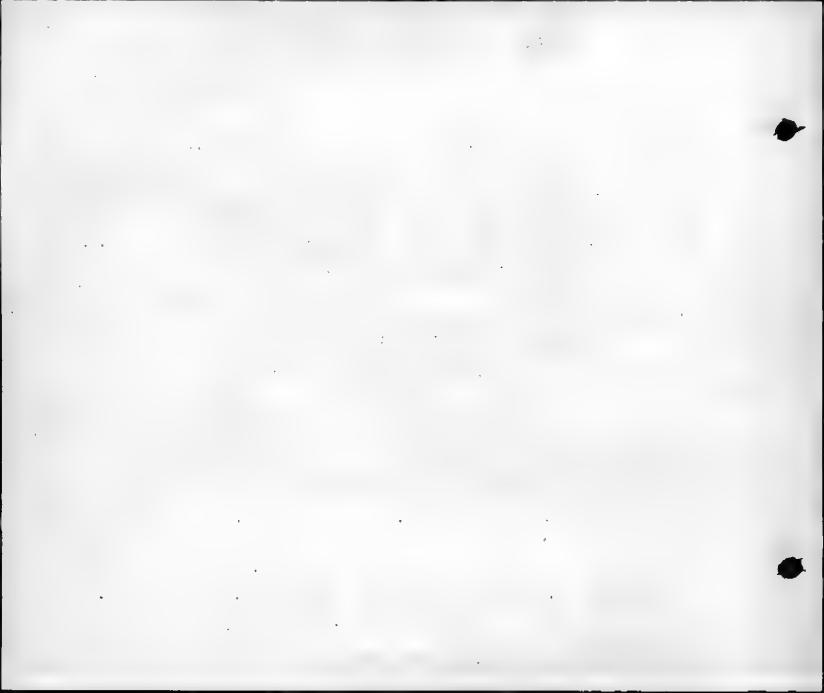


Reg. Dist. No.

	PLACE OF DEATH	Anne Arund	el	MARYLAI	ND	2. USUAL RES	DENCE (Wh	iere deceased	l lived. If institution b. COUNTY		e Ant		
	b. CITY OR TOWN (RURAL ond give n	If outside corporate limi		LENGTH OF STAY IN	16				rate limits, write R				
		polis				10	Annapo	olis					
od.	d. NAME OF HOSPI OR INSTITUTION	TAL (if not in hospital, g		_		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
- C-		el General	<u>Hospit</u>	al	H		94 Fra	anklin	St.			YES 🗌	NO EX
	3. NAME OF DECEASED (Type or print)	Steve	st	Middle		FOUND		4. DATE OF DEATH	Mon Decemb	***	Doy 22		ear 9 59
	S. SEX	1000.0	7 14400150	NEVER MARRIED		. DATE OF BIRT			9. AGE (In years		1 YEAR IF		- //
i	Male	White	WIDOWED		1.0	8-11-	1891	/	lost birthday)	Months		Haurs	Min.
	10a. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIN	ND OF BUSINESS OR II	NDU5	TRY 11. BIRTHP	LACE (State	or foreign co	iuntry)	12 CIT	IZEN OF V	VHAT CC	OUNTRY?
	CAR DEALER Automotive Greace									U.S.	•		
	13. FATHER'S NAME	1 /	7			14. MOTHER'S	MAIDEN N	IAME					
_	H	DOSTOLAS	1-04	INDAS		W	nos	ww	n				
r	15 WAS DECEASED EVE	R IN U S. ARMED FOR		CIAL SECURITY NO	JN	FORMANT	/ 0	11	Adde	ess 35	4.20	NR	Lens
I	YES	TOWI	11.00		a	rtem	SMI	fran	ackli	1 0	m	2/30	Les Mo
	18. CAUSE OF DE	ATH [Enter anly one ca	use per line f	or (a), (b), and (c)]								VAL BET	
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Co	ronary thro	omb	oisis					1 month		
	420.0	DUE TO		•									
	Conditions, if ony, which) (b) Arteriosclerotic heart disease									l vear			
	gave rise to immediate Dus To							1	CELL				
	cause (a), stating the <u>under-</u> lying cause last. (c)												
	Z PART II. OTI	HER SIGNIFICANT CON		NTRIBUTING TO DEATH	BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	UTOPSY
3	CATK										,	PERFOR	NO.
	(IF EITHER, NOTIFY	AS UNDERLYING GOVERNMENT AS UNDERLYING GOVERNMENT AS UNDERLYING MEDICAL EXAMINER)	20b DESCRIE	BE HOW INJURY OCCI	JRRED	(Enter noture	of injury in F	Part I or Port	(I af item 18.)				
		RY Manth, Doy, Yes		1		CE OF INJURY			or town)	(County)		(Stote)
i	Hour a.m	19	While at work	Not while at work	raci	ory, street, offic	e blag., erc.	•)					
-	21. I certify th	nat I attended the	deceased	from Nov.	22	19.59	_, to	Dec.	21, 1959.	that I lo	ıst saw	the de	ceased
į	alive an	Dec. 21,		, and that de			3:450	M, fram	the causes an	d an the		stated	abave.
Ì	ACTUAL	1. M	1,-	_				ADDRESS (St	reet, city or town,	,	- /		SIGNED
	HUNATUM	thing !	Marie	An	N	N.D	Jages	xbx xka	reference	1	2/22/	59	
	PHYSICIAN'S	James R. Ma	etin	1			6 Sha	tar Q+	Annapo	lie	MA		
							O DITA				IAG.	· · · -	
	220. BURIAL, CREMATIC		2	NAME OF CEMETER	RY OR	CREMATORY	P	ZZd JOCAT	TON (City, town, o	or county)	11/2	(State)	,
	23. FUÑIERAL DIRECTOR	SCHOOL A	7	ADDRESS /		1417	54 055	17/UA	RAR 24b, REGIS	STRAP'S ST	CHATURE	-	
	LD MZ	To of San	(1	AUDRESS	04	mal		D BY REGIST		STRAK S SI			
	Jul 10	101 1 referes		ruchous	1	1114.	DATE	LULU			,		

TO HOSPITAL A TTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs, at death. Page 4 may be retained, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremotian, or removal, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/SB



VAL. REGISTRAR'S SIGNATURE

24g REC'D BY REGISTRAR

WSS TO HOSPITAL TITEN WSS TO HOSPITAL MSS TO FUNDED SHOuld be defended

FUNERAL DIRECTOR'S SIGNATURE

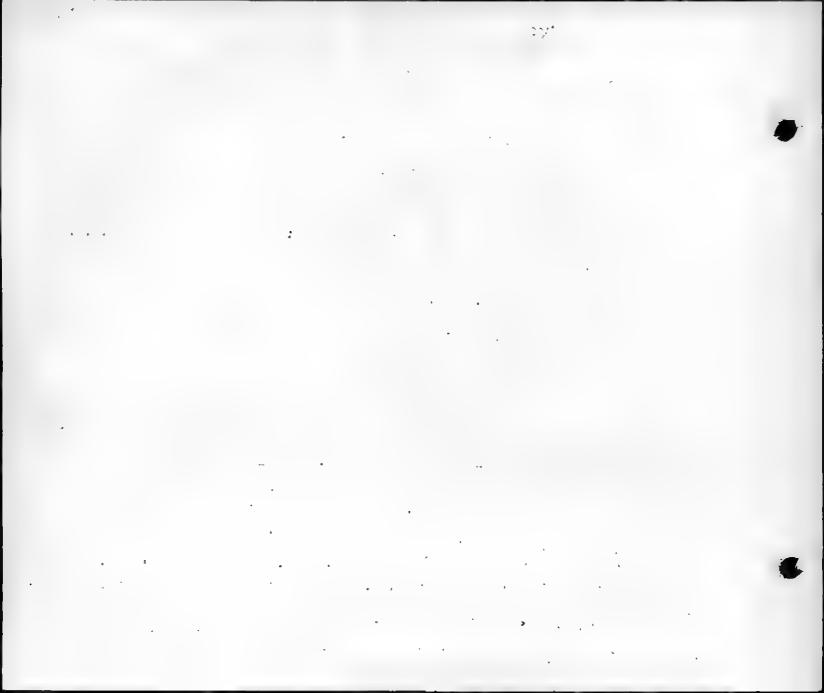
certificate

that the death

physician

P

D



CERTIFICATE OF REATH

CERTIFICATE OF DEATH

13243

		13243		CE	KIIIIC	AH	OF DEAT	n .		Reg. Di	st. No. "	-	~ - 0
	1. PLACE OF DEATH 6. COUNTY					2	USUAL RESIDENCE (W	here decease		on: Residen	ce before	odmis:	sion)
		Anne Arunde			MARYLAND			land	b. COUNTY	Ann	e Arı	und	el
	b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH O	F STAY IN 16		E. CITY OR TOWN (IF	outside corp	orate limits, write R	URAL ond	give neare	est fow	n)
	Annapol	is		$1\frac{1}{2}$ n	nonths	X	Rura	1 - Ma	ayo				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	jive street	oddress)			d. STREET ADDRESS				e.	IS RES	SIDENCE A FARM?
	Anne Arund	el General	Hosp	ital			Box-	54] NO []
	3. NAME OF DECEASED	Fi	rsf		Middle		Lost	4. DATE	Man	lh .	Doy		Yeor
	(Type or print)		5	,	FRENCH	OF DEATH	Decem	ber	30	0	19 59		
	S. SEX	RIED NEVER	MARRIED 🔲	0. D/	ATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS		
	Female	White	WIDOW	ED 😿 DI	VORCED 🔲	Ja	nuary 30.	1895	64 yrs	Months	Days	Hours	Min
	10o. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSIN	NESS OR INDU	STRY	11. BIRTHPLACE (State	or foreign o	country)	12 CIT	IZEN OF	WHAT	COUNTRY
	- House	tital .	' X	tome			Washingto	C.		U.S			
	13 FATHER'S NAME	0		,		14	MOTHER'S MAIDEN		P	A			
	Mohmon J.	DO	we	loon			Florier	180	Llow	10			
	15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURI	TY NO. 17, 1	NFOR	MANT	00	A84	ess			
		1. 70. 8.0				L	erard	11-2	uma	nn			
	18. CAUSE OF DE	ATH [Enler only one co	use per li	ne far (a), (b), a	nd (c).]			-			INTER	VAL BE	ETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE to	1 (ARCI	Womi	4.	TOS15				ONSE	I AND	DEATH
	153.3	DUE TO		,			0 0		0 0				
-1	Conditions, if a	iny, which)	ı Ce	11111	ma	a	Car	المحد	1 polis				
	gave rise to couse (o), stoting					7				-			
	lying cause lost.	(c)			V.							
	PART II. OT	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING	TO DEATH BUT	NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19.	WAS	AUTOPSY
	PART II. OT										1		NO K
	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJ	URY OCCURRE	D (En	ter noture of injury in	Part I or Par	rt II of item 18.)				
		MEDICAL EXAMINER)											
	20c. TIME OF INJU	RY Month, Day, Ye		NJURY OCCURR		ACE (OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (Cit	y or town)	{(County)		(State)
	Hour a.m.	19	While of wor	k ot work		ciui y,	sireer, Office blog., etc	1					
	21. I certify t	nat I attended the	deceas	ed fram 1	Nov. 11	9	, 19.59 , ta	Dec.	29., 1959	that I	ast saw	v the	deceased
	alive on	Dec. 29. /	950				urred at 2:20A						
				1 1///					Ireel, city or town,		ie odie		ATE SIGNED
	ACTUAL	Quest1	W	Ulm	20	M.D.	98 Cat	hedra]	St.		12,	/30,	/59
۱		7		1				40 M M W W W W W					-6-6
١	PHYSICIAN'S NAME (Type)	Jesse L. W	ilki	ns			Annapo	lis, 1	aryland				
	220. BURIAL, CREMATIC	N, 22b. DATE THEREC)F	22c NAME Q	F SEMETERY O	R CRE	MATORY	22d, 100A	TION (City, town, p	(county)		(Stot	e) /
	Crematicity		1960	770	lesto	En	2 Cent	Va	ince V	106	2	2	nd
	23. PUNERAL DIRECTOR	S SIGNATURE	. (ADDRESS	1	1	My 240. REC	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIC	SNATURE		
	Jolm %	1. Jayes	2 och	o Um	respon	Lo	DATEN	4 '60					

TO HOSPITAL DE ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be reld by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove cauban papers. Pages 1 and 2 should be filed with the registror prior to buriol, cremotion, ar removal, and in any ment within 72 hours ofter death.

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2002	CERTIFICATE	OF DEATH
3283	CERTIFICATE	OF DEATE

Rea. Dist.	Ma	1	3	2	4	4

	20000	Keg. Uist. No									
	1. PLACE OF DEATH COUNTY TO NO ARULA DO MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o STATE A FRANCE OF COUNTY HOME TRUNCE	1/								
	b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lawn) PUPAL and give nearest lawn) PUPAL AND PUPAL AND	CTTY OF TOWN (If outside capporate limits, write RURAL and give nearest tawn) - HURAL - HAN BURNIE, Md.									
	d NAME OF HOSPITAL (If not in hospital, give street address) DR INSTITUTION BRO 500 RIGHTS RESIDENCE POMO	d. STREET ADDRESS e. IS RESIDENCE ON A FARM ON A FARM	12								
	3. NAME OF DECEASED (Type or print) CARLOTTE CARTIS	Last 4. DATE Month Doy Year OF DEATH Dec 29 195	3								
	5. SEX 6. COLOF OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF MRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 74 H In the state of the	-								
/	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLAKE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY & A.	NTRY?								
/	13 FATHER'S NAME PORTER Curtis	Sarah fune Travis									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 -H (You no or unknown) [If you give wor or dates of service]	NORMANT FRY - BOZAPON a PO. M.L.	,								
18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [o]. PLES DIRA FORG FAILURG											
	Conditions, if ony, which) OB GENERALIZE	ed Carcinonnatosis 7 mo	S								
	gave rise to immediate cause (a), stating the under: Lying cause last. DUE TO QECINONAR	Ascending Colon 14e.									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ON CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES \(\) NO	?								
		D (Enter nature of injury in Port I or Port II of item 18.)									
	Cor TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED for Hour a.m. While of work for et work	ACE OF INJURY (Home, form, 20f (City ar lawn) (Caunty) (Statest, affice bldg., etc.)	ate)								
	21. I certify that I attended the deceased from Hug I alive on Lie 28, 19-17, and that death	occurred at 3:44 M, from the causes and an the date stated ab									
	SIGNATURE JW. Suchard	M.D. 715 COTTER Rd. Glen BURRIL	GNED								
	PHYSICIAN'S R. W. PRICHAR	1) 11.0.	7								
	279 SURIAL, CREMATION, 276 DATE THEREOF 220 NAME OF CEMETERY OF REMOVAL (Specify) Let 31259 Phila Mem	CREMATORY Park Chester to Pa									
	23. FUNERAL DIRECTOR'S SIGNATURE LOS Sons Composess	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CATHUR & PROMISE CATHUR & PROMISE CATHUR & PROMISE CATHURA & PROMISE CATHUR & PROMISE CATHURA & PROMISE C									

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13244

CERTIFICATE OF DEATH

13245

	201023				Keg.	Dist. No.	
1 PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W	here deceased lived		dence before ad	lmisscon)
	Anne Arundel	MARYLAND	Maryl	and	Anne Anne	Arunde	1.
b CITY OR TOWN RURAL and give	(If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL o	nd give nearest	lown)
Annan		2 days	Rural	- Annapo	olis		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS				RESIDENCE
	el General Hosp	ital	43 Lake Dr	ive Fay	r Ridge		S NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeor
(Type or print)	Arlene		FULTON	DEATH I	December	27	1959
5. \$EX	6 COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AC	and the second second	DER 1 YEAR IF U	
Female	Thite WIDOW		February 9.	1895	of birthdoy) Month	hs Doys Ho	urs Min.
100 USUAL OCCUPATI	ION (Give kind of work done 10b	KIND OF BUSINESS OR INDU		or foreign country		CITIZEN OF WH.	AT COUNTRY?
HOUSE	rking life, even if retired) NIFE	HOME	BAKE YOUTH	and KAN	SAR	U.S.	
13. FATHER'S NAME) / U/II L	14. MOTHER'S MAIDEN		7779	0,00	
Dr WV.	B. LITTRE	AL	ROSE	HARD	IN		
15. WAS DECEASED EV	ER IN U. 5. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	0.1	Address	211100	>
	(ii) yes, give well on solide or retrice)	- 6	Ceorge 1. 71	ulton	1304 Pd	N'NO	mid.
18 CAUSE OF DE	ATH [Enter only one cause per li	ine for (a), (b), and (c).	0	_	7 11	// INTERVA	L BETWEEN
PART I. DE	ATH WAS CAUSED BY:	men and	und in	2	D. ans	ONSET A	ND DEATH
1.	DUE TO	To Carrie	and the	7			
Conditions, if	0	of enine	la ta	•		m	1.m
gave rise to	immediate	o contract				-0	,
tying couse lost							
	THER SIGN FICANT CONDITIONS	CONTRIBUTING TO DEATH RUIT	NOT PELATED TO THE TERM	UNAL DISEASE COL	NDITION GIVEN IN I	PART 1/61 19 W	AS ALITOPSY
1 Hmh	Africa - 1	1	4/13/	Flan	-11	PE	RFORMED?
E MILL COURTS IN	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D /Fester patrice of injury in	Part Lor Bort II of	item 19 V	TES	NO 🔯
F OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)		D. (Enter noture of injury in	TOTAL OF FOR IT OF	nem to		
-		NAME OF THE PARTY	ACC OF INSURING ALL	2005 (87)	,		10.
Y 20c. TIME OF INJU Hour o.m.	RY Month, Day, Year 20d. (While	£_	ACE OF INJURY (Home, fare ctary, street, office bldg., et	m, 120t. (City or to	wn)	(County)	(State)
-	19 of wo	rk ot work					
21. I certify t	hat I attended the deceas	sed fram <u>Octobe</u> j		Dec. 27,	, 19 <u>59</u> ,that l	last saw the	e deceased
alive anD	ec. 27, 19	$52_{}$ and that death	accurred all:10	AM, fram the	causes and on	the date sta	ited above.
_	L 1 no. 1	110			city or town, state)		DATE SIGNED
ACTUAL SIGNATURE	rand Md	with	M.D. 121 Cat	hedral St		12/28/	59
BUYEIGIANIS		/- /					
PHYSICIAN'S NAME (Type)	Frank M. Shiple	y / '	Annapol	is, ld.	that they are now and that has well and has not now they it	to the last the sale also delevate also sale.	
	ON, 225. DATE THEREOE	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION	(City, town, ar count	ly)	(State)
DUNGE Specify	Dec 29-59	Helloros	1	1 Cm	akolu	2	ma
3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	6 0 14 2 24a. REC	D 8Y REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
arlin M	1 Janker Somo	umas	vecisity no	:c 3 0 '59	arthur .	d. / white	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

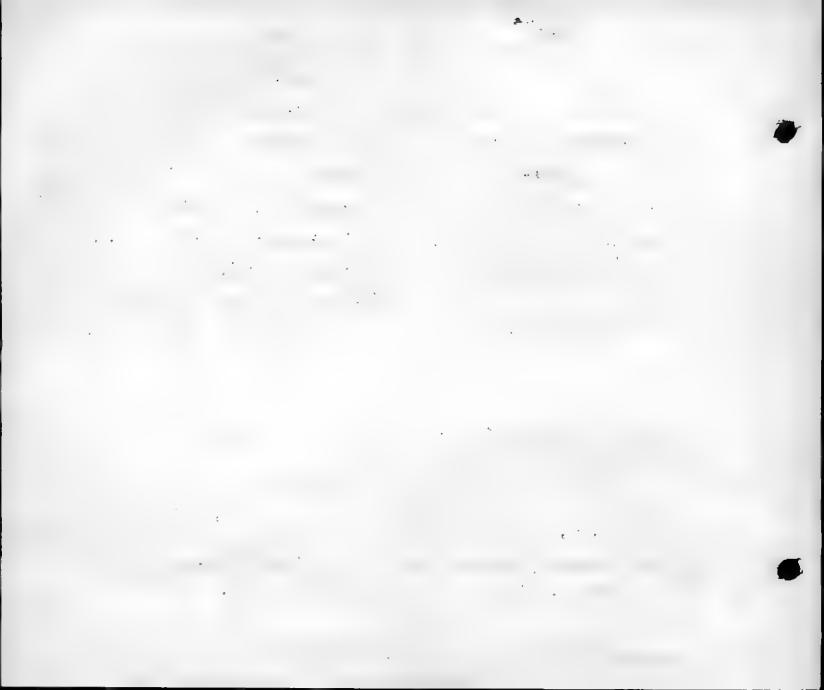
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

The please remaye carbon papers. Pages 1 and 2 should be filled with page 3 should be detached for use as the burial-transit permit. Then please remove carban pap the registrar priar ta burial, crematian, ar removal, and in any event within 72 haurs after death TO HOSPITAL VS A15 (4) 15M 9/5B

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

M



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	13245	CERTIFICA	ATE OF DEATH	f	Reg. Dist. No. 13246						
	1. PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	b. COUNTY	ion: Residence before admission) Anne Arundel						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16		utside corporate limits, write R							
3	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Anne Erundel Gener	_ *	d. STREET ADDRESS / 152 William								
	3. NAME OF First DECKASED (Type or print) Nathaniel	Middle	Lost Gates	4. DATE Mor OF DEATH DECC	omber 21. 1959						
	5. SEX 6 COLOR OR RACE 7. MAR Male Caucasia Widow	ED DIVORCED	B. DATE OF BIRTH August 15, 18	9. AGE (In years last birthday) 75 yrs.							
	100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retired Proprietor Re 13. FATHER'S NAME		STRY 11. BIRTHPLACE (SIONE OF LY Pridgeton,	New Jersey	12. CITIZEN OF WHAT COUNTR						
	Nathaniel Gates, Sr.	SOCIAL SECURITY NO. 17	Emma Bater		Pare						
,	(Yes, no, or unknown) [(If yes, give war or dates of service)	20-16-9017		ates - Son - San							
_	18. CAUSE OF DEATH (Enter only one couse per li PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	. 1	e / mu		INTERVAL BETWEEN ONSET AND DEATH PORTER C						
	Conditions, if ony, which gove rise to immediate (b) with the transfer of the conditions of the condit										
	tying couse lost. DUE TO										
j	PART II OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	y cene	u with 1	urpratin	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO T						
		CRIBE HOW INJURY OCCURRE									
	Hour o.m. While	NJURY OCCURRED 20e. PL Not while far k at work	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or town)	(Caunty) (State)						
	21. I certify that I attended the decease alive on 12.		occurred at		that I last saw the decease and on the date stated about stote) DATE SIGNI						
1	PHYSICIAN'S NAME (Typo) A 1 C. 1 A /C D A	PEICER	M.D. January	AUCUS ,							
	220. BURIAL, CREMATION, REMOVAL (Specify)	22c NAME OF CEMETERY O		22d LOCATION (City, town,	or county) (State)						
	23. FUNERA DIRECTOR'S SIGNATURE	Sunny Ridge (Crisfield By REGISTRAR 246. REGIS	Maryland STRAR'S SIGNATURE						
	Tono The Finers Home	Annenolic			STRAK S SIGNATURE						

The funeral director, 2 shauld be filed with after death. Page 4 TO HOSPITAL TATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be re! by the hospital or attending physician.

TO FUNERAL COOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 1SM 9/55





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fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

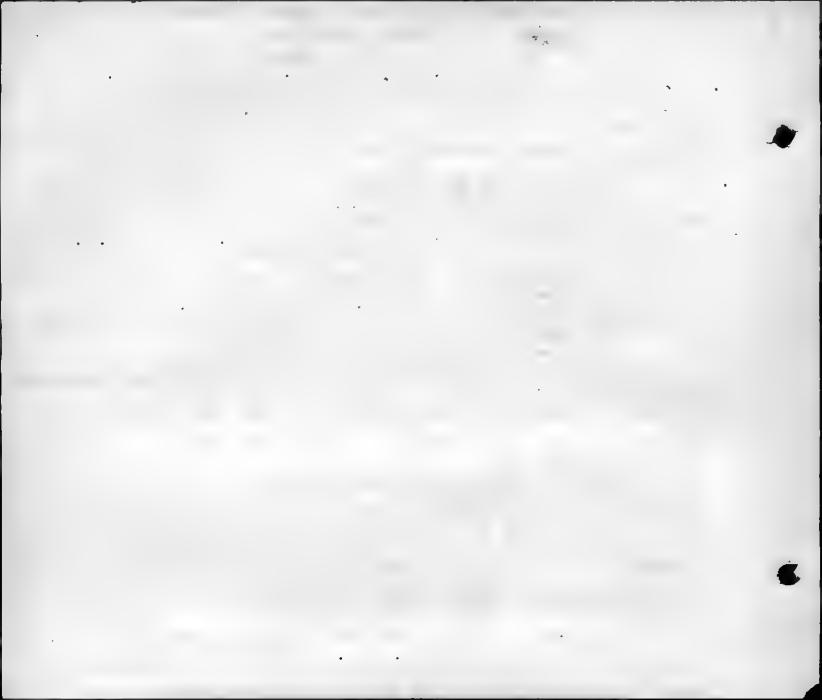
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 12204

13249

10700	GERTINIO.		Reg. D	ist. No.
o. COUNTY A. A. County	- MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Reside b COUNTY A.	at the same of the
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt. 10, Box 50, Lakeshor	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co X Pasadena, Md.	prporote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) AMELIA	LOUIS	E GRANGER 4. DAT		2 19 5 3
Female W WIDOW		B DATE OF BIRTH 1-3-1899	lost birthdoy) Months	Doys Haurs Min
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if refired) HOUSEVILLE	KIND OF BUSINESS OR INDU	Baltimore, 1	n country) 12. CI	TIZEN OF WHAT COUNTR
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
George Detzel		Wilhelmish	Kolhoff	
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. oc., unknown) [If yes, give wor or dates of service]		nformant rs. Rovert Pritch:	Address ard. Rt. 10. Bo	x 50.Pasaden
18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		A L HEMD	RRHAGE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	ypertenses	re Cardion	ascular	
lying couse lost.	lisease.			
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PAI	PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Port (I af item 18)	
ZOc. TIME OF INJURY Month, Day, Year 20d. While Pr. m. 19 of wo	Not while fo	ACE OF INJURY (Home, form, 20f. (including, street, office bldg, etc.)	City or town) (County) {State}
21. I certify that I attended the decea			19.59,that I	
alive on_UCC, 12_	2.7, and that death	accurred at 10:300M, fr		
ACTUAL SIGNATURE Johnson () . /	Youshake	M.D. 2101 Sout	(Street, city or town, state) Retelie H	wy Dec 2
PHYSICIAN'S EDMOND I.	MOUSHABEK	Gin Bu	rnie, Mar	gand
226 BURIAL, CREMATION, 226 DATE THEREOF BURIAL (Specify) BURIAL Dec. 5, 30.50	22c. NAME OF CEMETERY C	23	CATION (City, tawn, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Glen Havon N	lemorial Cl	en Burnte	GNATURE Md.
FLYNN & FLEMING, INC. 12	22 Light St. E	Balto.30 DATE DEC 4	'59 Certhur 8	

TO HOSPITAL VS A15 (4) 15M 9/55





22c. NAME OF CEMETERY OR CREMATORY-

ADDRESS

130 €

22d. LOCATION (C

24o, REC'D BY REGISTRAR

DATE DEC 1 8 '59

Jown, or county)

24b. REGISTRAR'S SIGNATURE

and & thous

(Stote)

0 VS A15 (4) 15M 10/57

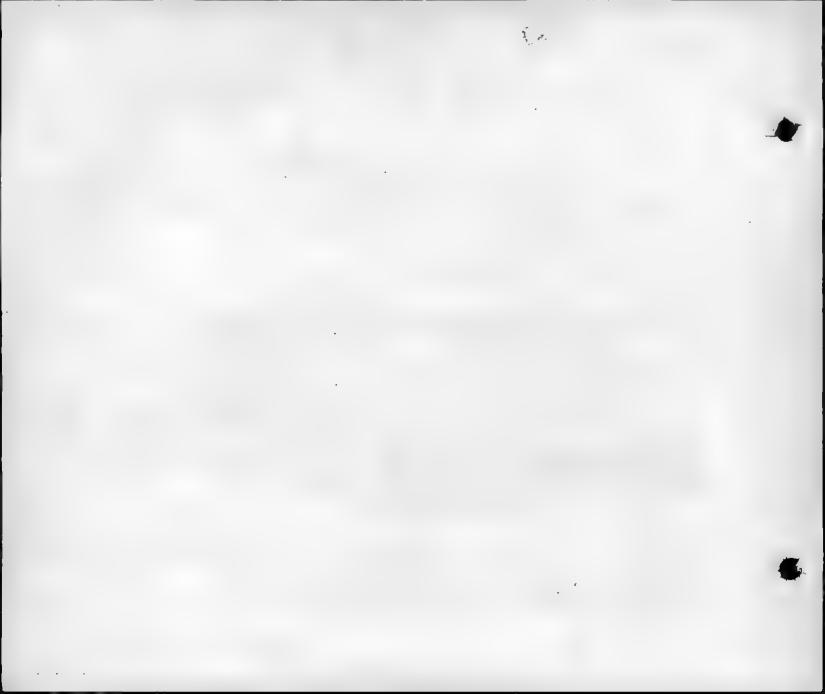
220. BURIAL CREMATION.

REMOVAL (Specify) BURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

that the death certificate be executed





3253

e. IS RESIDENCE ON A FARM?

YES NO IX

19

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Days

59

Reg. Dist. No.

Months

Address INTERVAL BETWEEN ONSET AND DEATH PART FL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis YES NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, farm, 20f (City or lawn) Doy, Year 20d. INHURY OCCURRED (State) (County) factory, street, affice bldg., etc Hour A. M. While Nat while of work p. m. 19 59 that I last saw the deceased 12/4 21. I certify that I attended the deceased from 12/1 alive on ✓ and that death accurred at. M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, state) Crownsville State Hospital, Md. ACTUAL SIGNATURE PHYSICIAN'S Benedict, Crownsville State Hospital, Md. NAME (Type) 220 SWATER CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) ADDRESS **EUNERAL DIRECTOR'SISIGNATURE** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Olding S. Kraus DATE DEC 1 6 '59

3 should FUNER 0 VS A15 (4) 15M 9/55

if director, filed with

should

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completely pollers. Pog

Puo

physician cemove carb

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hours

death. Page

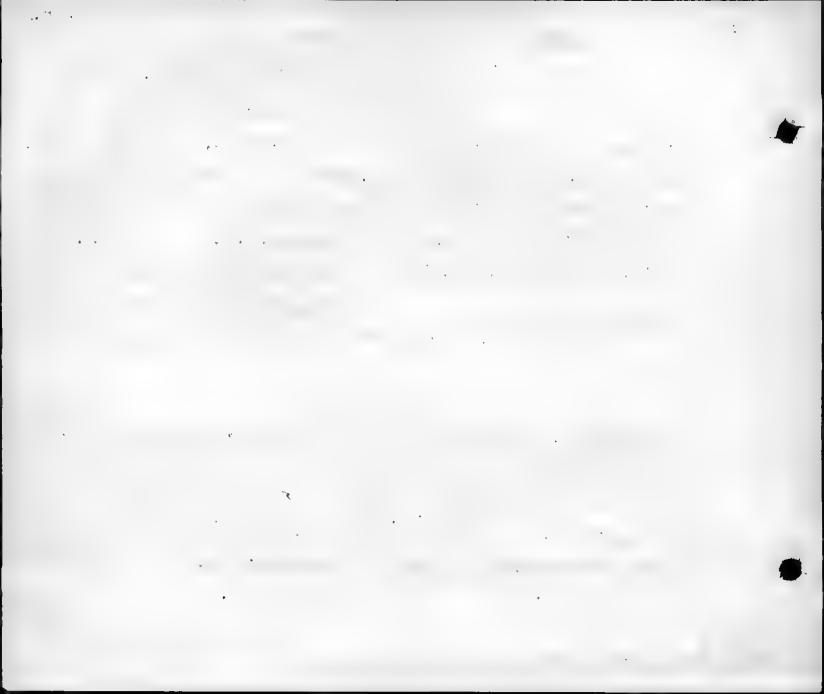


VS A1S (4) 15M 9/58

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	13246	CERTIFIC	ATE OF DEAT	ſΗ	Reg. Dis	±りなり生 st. No.				
1. PLACE OF DEATH COUNTY	AN'E A.U. DE	MARYLAND	2. USUAL RESIDENCE (o STATE Mary:	Where deceased lived	If institution Resident	ce before odmission) Arundel.				
b. CITY OR TOWN (RURAL and give a Anna po		write c, LENGTH OF STAY IN 16	1.0	if outside corporate fir	nits, write RURAL and g	give nearest town)				
OR INSTITUTION	TAL (If not in hospital, give el General Ho		d. STREET ADDRESS	arket St.		e. IS RESIDENCE ON A FARM? YES NO 🔀				
3 NAME OF DECEASED (Type or print)	First Mary	WARD	HEADRICK	4. DATE OF DEATH	Month e cember	Day Year 15 1959				
5. SEX Female	7 77 7 8 8	MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH July 1, 1	lost	E (In years IF UNDER birthdoy) 30 yrs	2 YEAR IF UNDER 24 HRS Doys Hours Min.				
during most of war	ON (Give kind of work don king life, even if retired) WIFE	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (See Washingto	_	12 CITI	ZEN OF WHAT COUNTRY?				
13. FATHER'S NAME MERR	ICK G. E	STABROOK	14 MOTHER'S MAIDEN	ION H	ARTLEY	,				
1S. WAS DECEASED EVE (Yes, no or unknown)	IR IN U. S. ARMED FORCES (If yes, give wor or dates of service	al last specific specific tractions	INFORMANT IRS NERRI	CK G.E.	Address STARROD	K #2				
	ATH [Enler only one couse ATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	PULMONARY A	BSCESS RIC	GHT UPPE	RyhowERLO	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if of gove rise to it couse (a), stating lying couse lost.	m mediate DUE TO									
OR CONTRIBUTION	AKED PUKA AS UNDERLYING [] 201 S CAUSE OF DEATH	NONACY TUB. B. DESCRIBE HOW INJURY OCCURR	ERCUhosis	ST EMAG	CIATION	1 1(0) 19 WAS AUTOPSY PERFORMED? YES 13 NO 1				
20c. TIME OF INJUI	10		PLACE OF INJURY (Home, fo octory, street, office bldg ,		wn} {<	County) (State)				
alive on	21. I certify that I attended the deceased from. Nov. 26, 19.59, to Dec. 15, 19.59hat I lost sow the deceased alive on 15. 19.59 , and that death occurred all 2:20PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED									
PHYSICIAN'S NAME (Type)	Edward S. Be	eck	_m.v	lis, Md.						
220 BURNAL, CREMATIC REMOVAL (Specify	12 - 16 - 5	9 FORT LINC			City, town, or county) EGEO.C	(State) WD				
23. FUNERAL DIRECTOR	'S SIGNATURE	SON ANNAPO	413 M.D DATE	DEPT REGISTERS	24b. REGISTRAR'S SIG	NATURE Trans				



24g. REC'D BY REGISTRAR

DATE DEC 1 8 '59

246 REGISTRAR'S SIGNATURE

o. COUNTY

NAME OF

S. SEX

Male

DECEASED

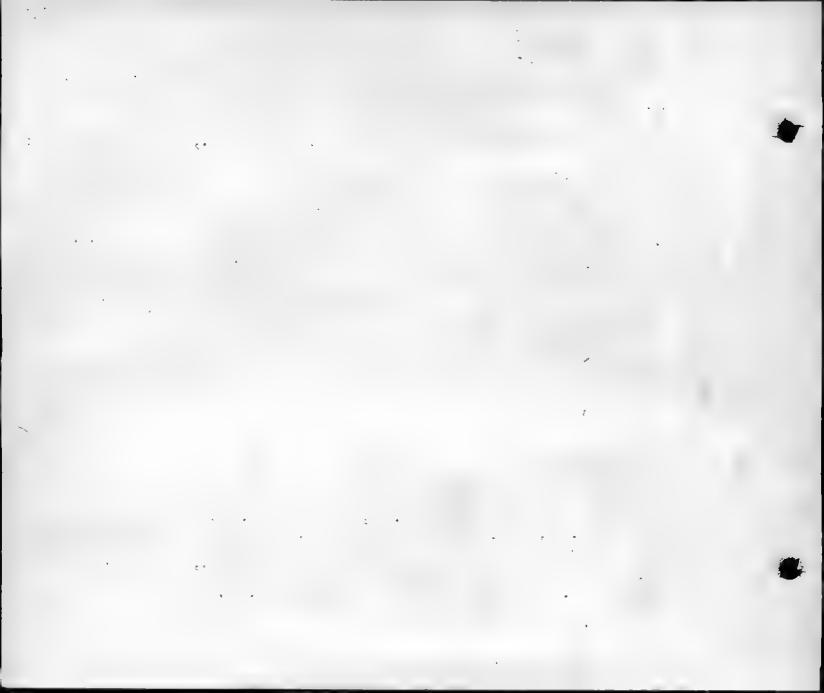
(Type or print)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS



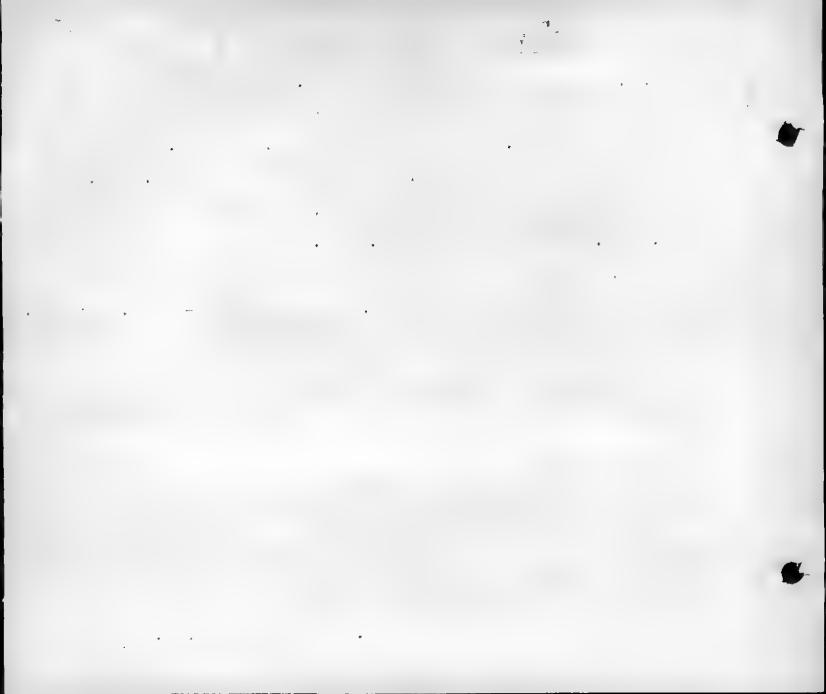
CERTIFICATE OF DEATH

13248 CERTIFICATE OF DEATH Reg. Dist. No.															
1.	PLACE OF DEATH a. COUNTY A. A.			MAR	YLAND	2. 1	STATE Md.	here d	leceased	lived If institution b. COUNTY		esidence à	pefore od	lmission)	le sur
Г	b. CITY OR TOWN (II RURAL and give no	outside corporate lim	ils, write	c LENGTH OF STAT	Y IN 1b	1	CITY OR TOWN (IF	autside	corpor	ote limits, write R	URAL	and give	nearest	town)	-
	Annapolis	arest town?					Balti	mor	e		3 V	101	· 14.		
	d. NAME OF HOSPITA OR INSTITUTION Annapolis	AL (If not in hospitol, of General Ho		oddress)			d. STREET ADDRESS	N.	Cha	rles St.			0	RESIDENCE IN A FARM S T NO	45
3	NAME OF	Fir		Middle	<u> </u>	<u></u>	last	_	DATE	Mor			Day	Yeor	
1	(Type or print)		LIAM	F	-	Н	HILGENBERG		OF DEATH		æç,		22, 19		9
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARR	IEO 🔲	B. DA	TE OF BIRTH		1	9 AGE (In years	IF U				
	male	white	WIDOWI	ED DIVORC	ED 🔲	M	ay 20, 190	3		last birthday) 50 yrs.	Mor	nths Do	ys Ho	ours Mi	in
10	USJAL OCCUPATIO	N (Give kind of work ing life, even if refired	dane 10b.	KIND OF BUSINESS	OR INDUS	STRY	11. BIRTHPLACE (Stote	or for	reign co	untry)	1	2. CITIZE	N OF W	HAT COU	NTR
	Pres. Treas. Seaboard Fish Co. Md.														
13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME															
	William F.						Rose Ma	rie	Hi.	lgenberg					
1\$. {Y	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. II	NFOR	MANT			Add	ress				
L	no				Mr	15.	Caroline	Hil	gen	berg - 3	700	N.	Char	rles_	St
Г		TH [Enter only one co	use per li	ne far (o), (b), and (c)).]		0 .					12	NTERVA	L BETWEE	N
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	}	Myora	dul	-	Lauten						-57		ス
	420.0	DUE TO			1		1	•							
	Conditions, if an		<u>, e</u>	scoracy	le	L	10 0						11	de	
	gave rise to immediate couse (a), stating the under-									7					
L	lying couse lost. (c) Arters elected fear from														
CATION	PANT II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT	RELATED TO THE TERM	INAL C	DISEASE	CONDITION GIV	EN IN	V PART 1(PE	AS AUTO	?
CERTIFI	20- ACCIDENT WAS INDEDIVING TO 20h DESCRIPE HOW INDED (Sets of the part of part of the 183)														
\₹		Month, Doy, Ye	1	VJURY OCCURRED	20e. PLA	ACE C	F INJURY (Home, form	n, 20	f. (City	or lown}		(Cour	nty)	{\$1	lole)
MEDICA	Hour o.m.	19	While of wor	Not while	100	логу,	street, office bldg., etc	-7							
	21. I certify the	at I attended the	deceas	ed from			, 19,5 4, ta	1)	اردری	22 19.27	the	at I las	t saw t	ha daca	O.C.
		D 4. 5.4			t death	acc	urred at 9 A	, W	from	the couses of	and (on the	data s	toted al	non.
	0									eet, city or town,			duic 3	DATE SI	
	ACTUAL SIGNATURE	lun D. :	Rec	bere,	,	M.D	mederal	<	ex	, Ber	2/	,			
		1	1	Χ			2				0				
L	PHYSICIAN'S ILLME (Type)	7	J	0			1-Tell		774	1 h	1				
22	BURIAL, CREMATION	N, 226 DATE THEREC)F	22c. NAME OF CEN	AETERY OF	R CRE	MATORY	22d	LOCATI	ION (City, Iown, I	DL CON	inty)		(Stote)	
	Burial (Specify)	12/24/59		Lorrat	ine (<i>l</i> em	•		Woo	dlawn. M	d.				
23.	FUNERAL DIRECTOR'S	SIGNATURE	(/.	ADDRESS &	1,1	race to	24g. REC				STRAR	's SIGNA	TURE		
2	11001.70	William	7.1	stus - De	al t	61	MATE DE	C 2	4 '5	9 0	Thur	1 8 h	MILL		

death. Page 4 funeral director, may be retained by the haspital or attending physicion.

TO FUNERAL DACTOR: After this certificate has been signed by the attending physicion and campletely filled in blane page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoy the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

VS A15 (4) 1SM 10/57



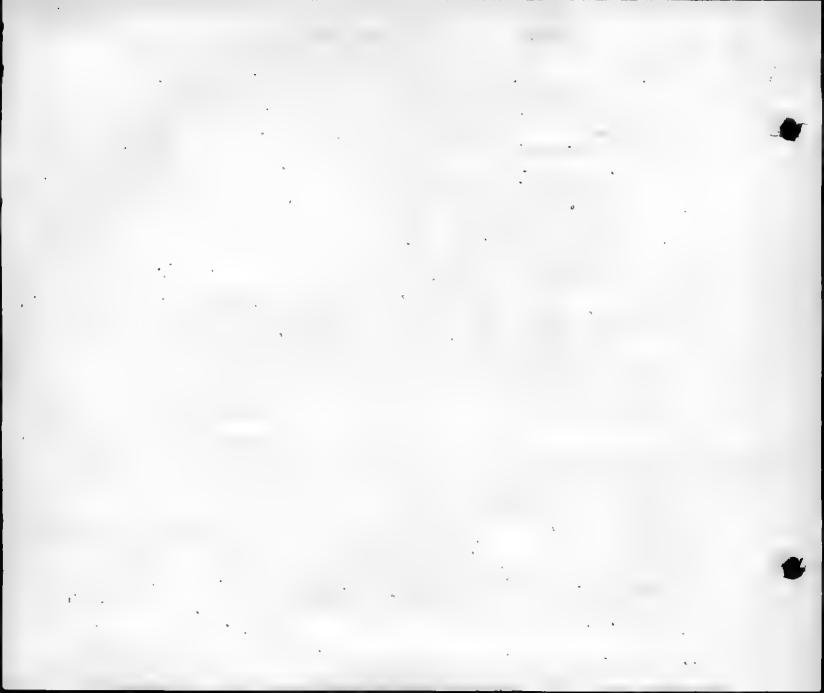
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	IT OF HEALTH—BALTIMORE, 18	AND STATE DEPARTMENT	ARYLAND
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13290 **CERTIFICATE OF DEATH**

M

Pag Diet Ne

		keg. Dist. No.
	1 1	PLACE OF DEATH COUNTY COUNTY COUNTY (Where deceased lived of institution, Residence before admission) O. STATE // RESIDENCE (Where deceased lived of institution, Residence before admission) O. STATE // RESIDENCE (Where deceased lived of institution, Residence before admission)
	2	CITY OR TOWN (If outside corporate limits, write PCRAL and give nearest town) CONTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CONTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	K	d NAME OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address) OR NATITITION OF HOSPITAL (If not in hospital, give street address)
		NAME OF DECEASED (1996 or print) 16-2/C/CR First Middle (1987) Last (1987) Month Day Year OF DEATH 12 19.4
	5 5	Mile Wilder WIDOWED DIVORCED 7-8. 1887 Lost birthdoy) Months Days Hours Min.
	100	July January (Mrs. 1) And July 10 10 10 10 10 10 10 10 10 10 10 10 10
_		FATHER'S NAME HER'S MATCH NAME HON GOODS
I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Address 214-15787 Feb 24 MCR HERICALUR R. 3- Evigette & MCR.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
		IMMEDIATE CAUSE (o) SE MUSTIFICATION OF STATES
		552.15
		Conditions, if any, which (b)
		cause (a), stoting the under. DUE TO
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
7	CERTIFICATION	PERFORMED? YES NO 2
	L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour o. m. p. m. 19 20d, INJURY OCCURRED While Not while of work
		21. I certify that I attended the deceased fram 6/20/-, 1957, ta /2/2, 1957hat I last saw the deceased
		alive an
A		ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNAT
1		PHYSICIAN'S Dr. Theodore H. Johnson 32 Calvert St. ang ml.
	220	BUR AL, CREMATION 22b. DATE THEREOF 22d NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town for county) 1 (State)
	29	FUNERAL DIRECTOR'S SIGNATURE ADDRESS



CERTIFICATE OF DEATH

13258

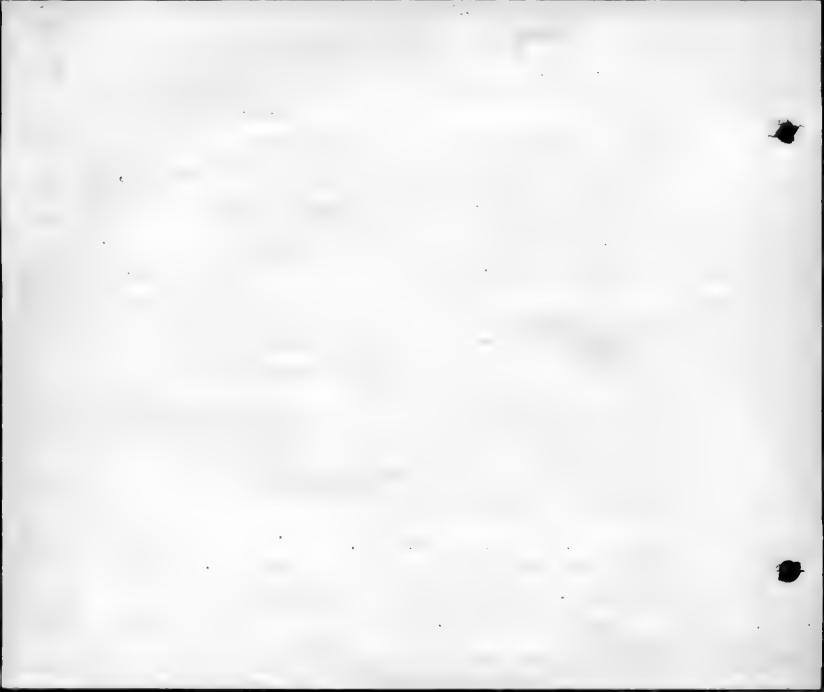
		13291		CERTII		AIE	OF DEA	III			Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY Anna	Arundel Co	unty	MARYL	LAND	2. LI	STATE UNION	(Where	deceased	lived If instituti b. COUNTY	UNK	nce belo	re admisi	sion)
	b. CITY OR TOWN (RURAL ond give n	If autside carporate lim	its, write	c LENGTH OF STAY I	N 1b	c	BALL	(If outside	de corpoi	rote limits, write R	URAL and	give nec	2 V -	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,)			,	STREET ADDRES	SEI	hu	Av	Æ.			IDENCE FARM?	
3	NAME OF DECEASED (Type or print)	Walt	rst ter	Middle Molmes			Lost	4,	DATE OF DEATH	Mon De	ih C.	1	у .	Yeor 19 59
S.	SEX IA	6. COLOR OR RACE	7. MARI	NEVER MARRIED DIVORCED			TE OF BIRTH			9. AGE (In years last birthdoy) 61 yrs.	IF UNDE Months	R 1 YEAR Days		R 24 HRS. Min
	UNKNOWN	king life, even if retired	done 10b.	UNKNOWN	RINDUS		UNKNOWN			untry)		SA	F WHAT	COUNTRY?
13	UNKNOWN					14.	MOTHER'S MAIDE		E					
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of the TINKNOWN)	ervice)	SOCIAL SECURITY NO		NFOR	MANT oital Rec	ords	3	Add	ress			
	18 CAUSE OF DEA	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (country) DUE TO ny, which) The country of the country of the country one country of the coun	Br	onchopneumo	nia								ERVAL BE	
CERTIFICATION		HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA							'EN IN PA	R† 1(o) 1	9. WAS PERFO YES []	RMEDZ
MEDICAL CERTI	20g ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m	MEDICAL EXAMINER)	ar 20d I	NURY OCCURRED Not while k of work	20e. PL/	ACE O	F INJURY (Home, street, office bidg.,	form, 2				(County)		(Stole)
	actual SIGNATURE	Meen	, 19 elst _p	, M. D., Cr	death owns	M.D.	urred at 6:0	05A • A	A, fram DRESS (St		and an		te stati	
	BURIAL CREMATIC BEMOVAL (Specify)	A 12-4-	5-9	22c. NAME OF CEME B4/To,	TERY O	R CRE	CEM.		B6	ION (City, town		IGNATU	(S)m	le)
	mel	75.5	les	m 1129	h.c	ac	office of	DEC			iriluq.	3 10	m4	

may be refulled by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in jay the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 houry often leggth. ATTENDING PHYSICIAN; The law requires that the deoth certificate be executed within 24 hg TO HOSPITA VS A1S (4) 15M 9/5S

ofter death. Page 25

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TO FUNER

VS A15 (4) 15M 9/55

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TO HOSPIT:

May be reta by the haspital or attending physician.

TO HOSPIT:

May be reta by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs ofter death.

	13251	CERTIFICAT	TE OF DEATH		Reg. Dist. No.
j	O. COUNTY A CL	MARYLAND	O STATE	e deceased lived. If institute b. COUNTY	on: Residence before admission)
	b CITY OR TOWN (If outside carporate limits, write RURA) and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (IF our	side corporate limits, write RI	URAL and give nearest town)
	d NAME OF HOSPITAL JUSTICO in hospital, give street address OR INSTITUTION. Commanded from the street address.	pital 1	d STREET ADDRESS	Irp ave	e. IS RESIDENCE ON A FARM? YES NO SA
	3. NAME OF DECEASED (Type or print)	Middle 971.	Twey	4. DATE Mon OF DEATH /2	- 10-1959
	timale White WIDOWED [DIVORCED	DATE OF BIRTH 1-25-18	9. AGE (In years lost birthday) 66 yrs.	Manths Days Hours Min
)	100 USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if refired)	DE BUSINESS OR INDUSTR	Cambr	edge md	12. CITIZEN OF WHAT COUNTRY
	Thomas L. Benne	it	14 MOTHER'S MAIDEN NA Helen	March	all
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes no or onknown) [If yes, give wor or dates of sarvices]	90	CETTE CO T	Triey Addr	(2)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o), (b), and (c)]	den		INTERVAL BETWEEN
	Conditions, if any, which agove rise to immediate (b)	0			
	couse (a), stating the <u>under-</u> DUE TO lying cause last. (c)				
	PART IS. OTHER SIGNIFICANT CONDITIONS CONTRI				/EN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
			(Enter nature of injury in Pa		
		Not white factor	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that tollended the deceased from	om : //// O , and that deoth a		M, from the couses a	that I last saw the deceased ind on the date stated above
	ACTUAL SIGNATURE LANGE	M.	o. Ju	DORESS (Street, city or town,	state) CAYE SIGNED
	PHYSICIAN'S F. LINhAME				*
	REMOVAL (Specify) 1-13-59 C	pame of cemetery or celegral (1916)	sef/Camt	2d LOCATION (City, lown, o	roles Ma
	JUBN 21, Sugler Suns (inmapor	-040/21	BY REGISTRAR 246 MEGIS	STRAR'S SIGNATURE





13264

13293

CERTIFICATE OF DEATH

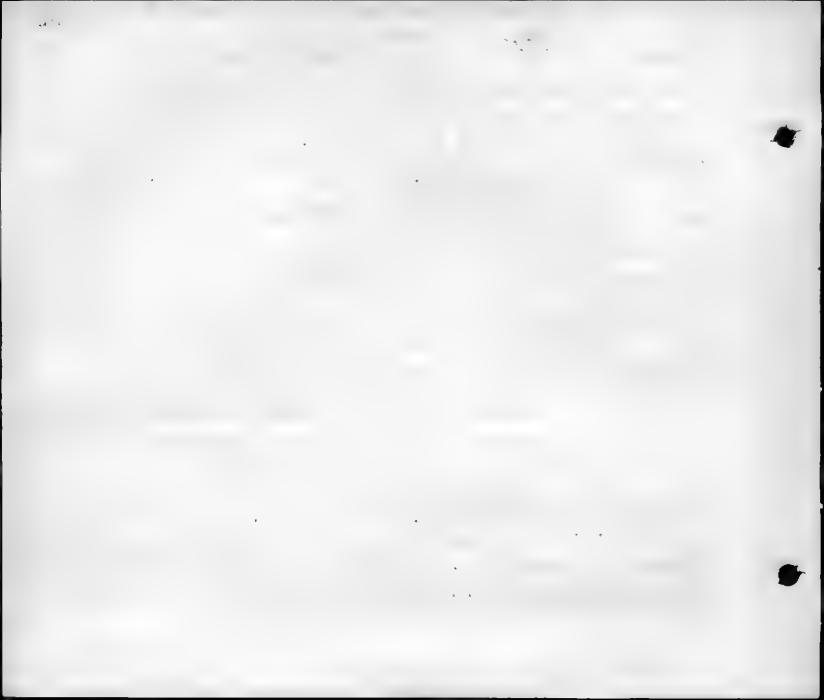
Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY			MARYL	AMP	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY								
	Anne	Amundel (ounty	7			rylar						0.9	
	b. CITY OR TOWN (IF RURAL and give ne	arest tawn)		c. LENGTH OF STAY II				utside carpa	rote limits, write R			resi lawr	1)	
	d. NAME OF HOSPITA	le, Maryle	nd	7mo. & 3 De	ays	Balti				V0/				
	OR INSTITUTION				l	d STREET A		122	m1			IS RESIDENCE ON A FARM?		
		lle State							Street	,		YES	NO 🔏	
	3. NAME OF DECEASED	Fir	rsf	Middle		Last		4. DATE OF	Moz	th	Day	У	Yeor	
	(Type ar print)		arles			Jones		DEATH	De		1		1959	
	5. SEX	6. COLOR OR RACE		IED NEVER MARRIED	_	DATE OF BIRTH	1		9. AGE (In years lost birthday)	Months	Doys	Hours	ER 24 HRS.	
	M	N	WIDOWE			UNKNO			75? Yrs		50):	110013	, and it	
	10a USUAL OCCUPATIO during most of worki	N (Give kind of work and life, even if retired	done 105. I	KIND OF BUSINESS OR	INDUS1	RY 11. BIRTHPL	ACE (State of	or foreign c	puntry)	12 CI1	IIZEN O	F WHAT	COUNTRY	
	TINKNOS			THENOWN		UNKI	NOWN			U	SA			
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
	UNKNOWN					UNI	NWOWN							
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT			Add	ress				
	UNKNOWN	r yes, give wor en outlie en s	1	INKNOWN		Hospita]	Reco	ords						
1		TH [Enter only one co		e for (o), (b), and (c)]	-							RVAL BE		
	PART I, DEAT	H WAS CAUSED BY:	He	art Failure							ONS	ET AND	DEATH	
	422.1	DUE TO	,						-					
	Canditions, if an			eriosclerot	de c	ardi ova	scul a	r dise	2222					
	gave rise to im	mediate (/	0220002020			0001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	couse (a), slating to	he <u>under-</u>												
	PART IL OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 11	9 WAS	AUTOPSY	
	CATIC											PERFO	RMED?	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in P	ort Lor Par	t II of item 18)					
	20c. TIME OF INJURY Hour a.m.	Month, Day, Ye	White	Not while	20e. PLA- fact	CE OF INJURY (It bry, street, office	lame, form, bldg., etc.	20f. (City	or town)	-{-	County)		(State)	
	p. m.	19	al work	at work				<u>i</u>						
	21. I certify the	at I attended the	decease	ed from Apr.	27,	19.59	, to_De	ec. 1,		9,that I	last sa	w the	deceased	
	alive on Dec	·/l,	, 12	29, and that a	death	accurred at.	2:45	≜M, fron	n the causes o	nd on t	he dat	le state	ed above	
i			150	2				ADORESS (SI	reet, city or town,	stote}		D	ATE SIGNED	
į	ACTUAL SIGNATURE	1/eur	cex.	-		.D					~ ~ ~ ~ ~		74 C 70 M	
	PHYSICIAN'S +	:/	شب											
	NAME (Type) Li	adwig Bene	dict,	M.D., Crow	nsvi	.lle, Ma	rylan	d.						
	226 BURIAL CREMATION REMOVAL (Specify)	4, 22b. DATE THEREC)F	22c. NAME OF CEMEN	_			22d. LOCA	TION (City, tawn, i	or county)		(Stat	e)	
	Burial	12-8-5	9	Mt. Aubu	ru '	Cem.		Bala	5. Md.					
	23. FUNERAL DIRECTOR'S		_	ADDRESS		1	249 DEC	BY REGIST		STRAR'S SI		E		
	Habstood	-March	712	& Druid Hi	<u> </u>	tre,	DATE	1 59	Civil	m &. 9	india			

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/5S



13265

CERTIFICATE OF DEATH

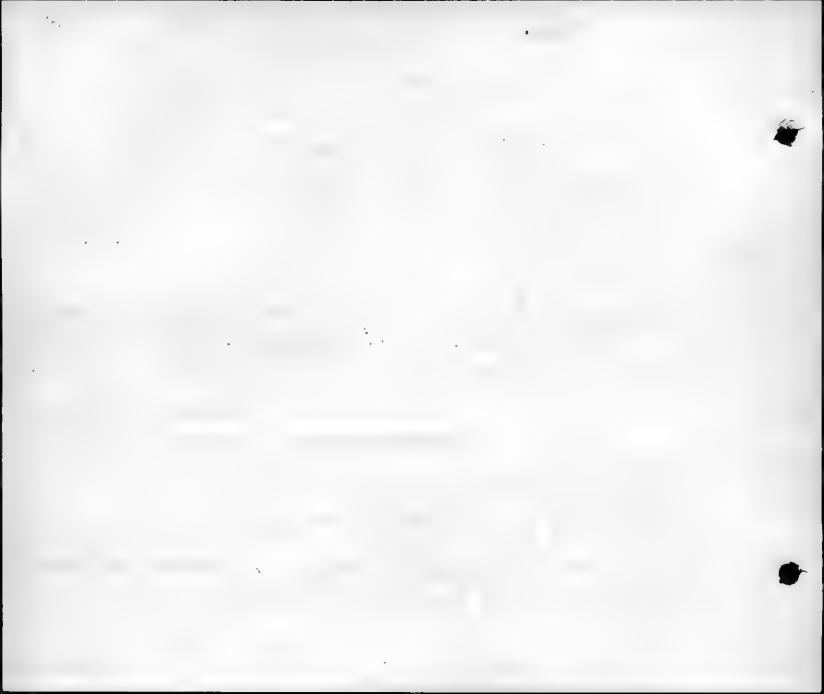
Reg. Dist. No.

)	1	PLACE OF DEATH D. COUNTY	Anne Arunde	1	MARYLAN	ID	o. STATE	ryla:	_	b. COUNTY		nce befor		
		b. CITY OR TOWN (RURAL and give n Pasade		ls, write	c. LENGTH OF STAY IN	Ь		own (If o		rate limits, write R	URAL and	give nea	rest tawr	•]
		d. NAME OF HOSPI OR INSTITUTION BOX 540	Route 7, L	ynda]	Le Road		Box 54		ute 7,	Lyndale	Road			IDENCE FARM?
		NAME OF DECEASED (Type or print)	IDA	st	Middle FLORENCE		JONES	t .	4. DATE OF DEATH	Decembe		Day		Year 19 5 9
		sex 'emale	6. COLOR OR RACE	7. MARRI WIDOWE	IED NEVER MARRIED [DATE OF BIRTH	.881		9. AGE (In years lost birthdoy) 78 yrs.	Months		Hours Hours	R 24 HRS Min.
1		At home	ON (Give kind of work of king life, even if retired)	ione 10b.	KIND OF BUSINESS OR IN	IDUST	Maryl	and_		ountry)		IZENOF		OUNTRY
1	13.	FATHER'S NAME	D		1		14. MOTHER'S /							
	15		Brown	CES2 14 9	SOCIAL SECURITY NO.	INI	Bat Ormant	para	Zink	Addi	rmes			
	(Ye		(If yes, give war or dates of se					Schal	efer F	ox 540 R		7. 12	າ ຮຸດຕໍ່	lens.
0	L CERTIFICATION		mmediate the under DUE TO (c) HER SIGNIFICANT CONI	oltions c	ONTRIBUTING TO DEATH LIKE PONTINUERY OCCU	en	como		2 d	ays	EN IN PAI	2 RT 1(a) 15	PERFO	AUTOPSY PRMED? NO 🔀
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED 20e		E OF INJURY (H iry, street office					(County)		(State
1	220	21. I certify the dive on	R.M. Me R.M. Me	Las Las Mes	and that de la constant de la consta	M Y OR	D. REOS CREMATORY		ADDRESS (S) 447 - 1 4 0 6 22d. 10CA	Pesada 100 (City, town,	d an the state) ecti, A McCl. pr caunty)			d abave re signed
	23.	FUNERAL DIRECTOR			ADDRESS	, em		24a. REC'	D BY REGIST	ltimore,		IGNATUR	E	
		Ullrich F	uneral Home	4210	Belair Road			DATE NE	C 1 6 "	9 0	Elma &	Hear	.A	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours effer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how TO HOSPITAL

V\$ A15 (4) 15M 9/5B

death. Page 4



13295

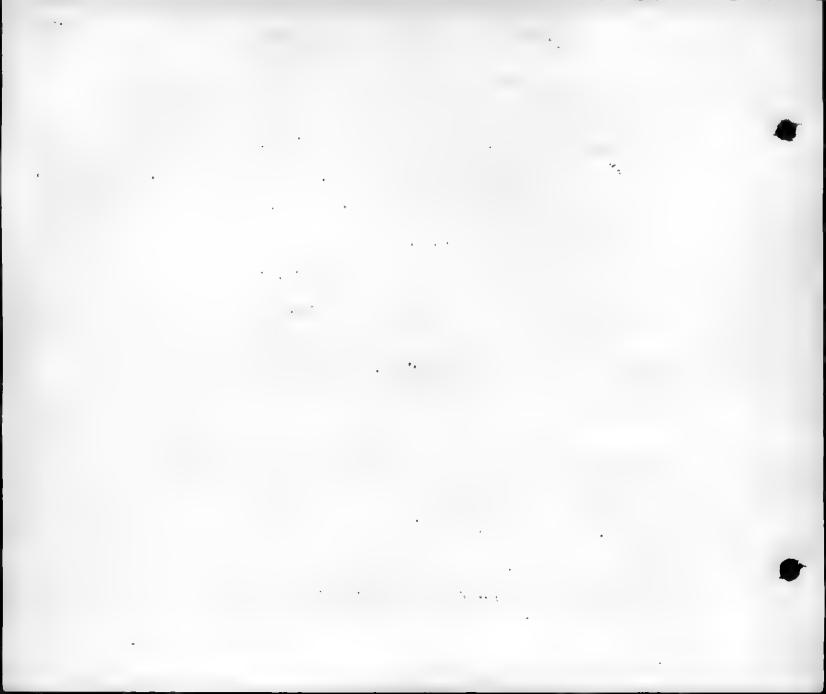
CERTIFICATE OF DEATH

13266

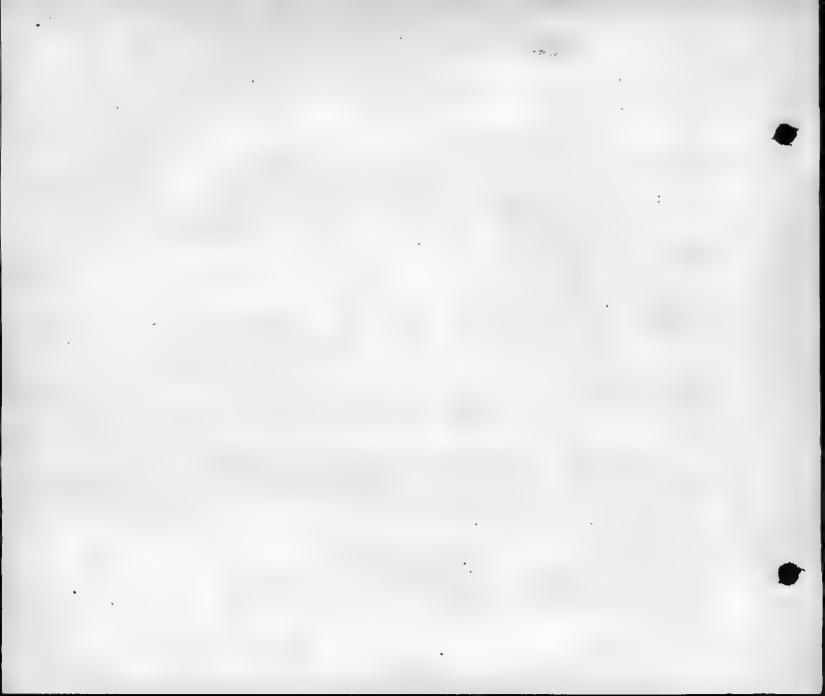
								KAR. DISI.	140.	
1. PLACE OF DEATH b. COUNTY				a STATE		ere deceased live	d. If institution	n: Residence	before adm	ission)
	e Arundel Co	unty	MARYLANI	Ma	arylan	d	D. COUNT			Land Land
b, CITY OR TOWN (RURAL and give n	If outside corporate limits,	, write c. L	ENGTH OF STAY IN 1	c CITY OR	TOWN (If o	utside corporate l	imits, write RI	JRAL and giv	e nearest la	wn)
	vnsville, Md	. 2	O days	B	altimo	re	200	· · ·		
	FAL (If not in hospital, giv			d. STREET	ADDRESS				e. 15 R	ESIDENCE
	ville State	Hogni	tol	3/	650 Br	uce Cour	t			A FARM?
3. NAME OF	First	110001	Middle	lo lo		4. DATE	Man	L	Day	Yeor
(Type or print)	Ch	arles		Jorda	_	OF DEATH	Dec	•	3	19 59
5. SEX	6 COLOR OR RACE	MARRIED	NEVER MARRIED			1 1-	GE (In years st birthday)	Months D		
M	N	WIDOWED _	DIVORCED [Apr. 12	, 1995		66 yrs.	manins D	ays Hour	s Min.
10a. USUAL OCCUPATIO	ON (Give kind of work do king life, even if retired)	ne 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (State of	or foreign country)	12 CITIZE	N OF WHAT	COUNTRY
TINKNON			UNKNOWN	G	eorgia			USA	1	
13. FATHER'S NAME	141		DATE AND THE	14 MOTHER'S				, , , , , , ,		
Mose	Jordan			Carr	rie Jo	rdan				
14 WAS DECEASED EVE	R IN II. S ARMED FORCE	ES? 16 SOCI	AL SECURITY NO.	INFORMANT			Addr	ess		
/ 20	(If yes, give war or dates of serv	(ici) 12-17	09-223 UNKCIOWN	Han	-11-7	Dananda				
TIR CAUSE OF DE	ATH [Enter only one cous			HOS	DI CSI	Records			INTERVAL	RETWEEN
		Urem							ONSET AN	D DEATH
0 1 /	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	orem	14							
X60 X	DUE TO	03	and and lam							
Conditions, if a gove rise to i		GLOM	eruloscler	0918						
couse (a), stating										
lying couse lost.) (c)_	Diab	<u>etes Melli</u>	tus					L	
PART II. OTI	HER SIGNIFICANT CONDI	ITIONS CONT	RIBUTING TO DEATH E	BUT NOT RELATED TO	O THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1	PERF	S AUTOPSY FORMED?
PART 11. OTI	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE	HOW INJURY OCCUP	RRED. (Enter noture o	of injury in P	ort I or Port II of	item 1B.)			
N 20c. TIME OF INJUR	RY Manth, Day, Year	20d. INJUR	Y OCCURRED 20e	PLACE OF INJURY	(Home, form,	20f. (City or to	own)	(Ca)	unty)	(State)
Haur o.m.	19	While	Nat while	foctory, street, offic	e bidg., etc.)	,	,,,,,,	,,,,,,,	(=====
		1	at work			j				
	nat I attended the a									
alive an Dec	3. 3/2	., 12_ <u>59</u>	and that dec	oth accurred at	4:05P	M, fram the	causes an	d an the	date state	ed above
		1:01	, , ,			ADDRESS (Street,	city or town,	state)	Di	ATE SIGNED
ACTUAL SIGNATURE	Millelle	4600	ひ・	M.D						
PHYSICIAN'S NAME (Type) IR	udwig Benedi	ct, I.D	. Crwonsv	ille, Mar	yland					
220. BURIAL, CREMAT C	DN. 226. DATE THEREOF	(79	NAME OF CEMETERY			22d. LOCATION	(Cily, town, c	or county)	(St	ate)
23 FUNERAL DIRECTOR	'S SIGNATURE	-1	ADDRESS		24g, REC'I	BY REGISTRAR	24b. REGIS	STRAR'S SIGN	IATURE	
4	son 134871	· Cally	oren A		DATE	EC 7 '59		Lithur S.		

r death. Page 4 the funeral director, shauld be filled with TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for demay be retained by the hasp tall are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funning page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58



70 1	\d)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
A	X	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13267
d by	1	Reg. Dist. No.
shauld be	ka j	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M
Fr 42 7/	191	HARYLAND HARYLAND HARYLAND HARYLAND
Ssary. Page burial		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town) c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)
f. P		HWNAPOLIS XWOODLAND BEACH
. P	063	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARN?
File P		3. NAME OF First Middle Lost A DATE Month Doy Year
y de neral raur gistra		DECEASED
fun ar y		S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In your 15 UNDER 14 ARS.)
ed f		MIDOWED DIVORCED 10-12-1912 Tyrs. Months Days Hours Min.
3 to toin with		Too. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY [1]. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
er er		ROUTE SALESMAN GREEN SPRING DAIRY MARYLAND 4.5-
19. b		13. FATHER'S NAME 1
S T L L		"UNK" GRETA WOOD
21 ha Pages oge 5 le pag		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or derive of service) 16.77-11-1665 1000 p. 05. + 16.15 16.15 16.50 VIE \ 15. 1942 - 1945 177-11-1665 1000 p. 05. + 16.15 16.
.E.S. E.		YES 1942-1945 577-14-665 MARGARET KUISLEY -1
<i>y</i> ≥ :=		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
2 - F 3		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Red alle Cuseuse)
execut the farr		4-3-4-4 DUE TO
in in the second		Conditions, if any, which by gave rise to immediate cause
auld b pencil alang burial		(o), stating the underlying DUE TO
S C D S		
o di E		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, VAS AUTORSY PERFORMERS YES NO
er's er's		
ir Paris d		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
R: TI wars Exc Shou		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bidg., etc.) While Not while at work at work.
MINES g the edical		Hour c, m, P. m. 19 of work
5 ≥ 2.5		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find that
All EX Chief Chief		death resulted from: (tyatural causes
ICAL ote, v he Chi	2	DATE SIGNED
E E		SIGNATURE M.D. CHIEF MEDICAL EXAMINER
F c c dec dec RAL		NAME (Type) F / / / / A SSISTANT MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICA
DEPUTY ICAL E ute the class, wi awarded he Chie FUNERAL DIRECTOR r removal.		NAME (Type) DEPUTY MEDICAL EXAMINER TO THE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [State]
cute farw TO FUI		BURIEL 12-24-59 U.S. MATIONAL ANNAPOLIS MO-
		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE
VS. ATSME(S) SM 9/5S		John M. To, To & Sous (Innombis, Md. DATEDEC 28 '59 aller S. Kings
JM 7/33	(



e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

Doys

USA

(County)

that I lost sow the deceosed

ON A FARM?

YES NO

Yeor

1959

and

DATE

Reg. Dist. No.

Month

yrs

Address

Months

director, PLACE OF DEATH a. COUNTY Anne 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE **b.** COUNTY Arundel MARYLAND Md. funeral b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) 멸 Odenton Odenton d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION by 12 PO Box PO Box 2 NAME OF First Middle Last 4. DATE filled DECEASED Laura DEATH (Type or print) Lipe Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) W Nov.11.1875 WIDOWED TO DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State or foreign country) Com during most of warking life, even if retired) Own Home Housewife Tennessee puo pou. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ğ Griffith Jones Matilda Harold IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT altending Mr. Wm. Davidson. none no none same as within 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), guy (c). PART I. DEATH WAS CAUSED BY 4201 DUE TO Conditions, if any, which signed gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA SD 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Year 20d INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. at work at wark 21. I certify that I attended the deceased from detachi olive or ond that death accurred M, from the couses and on the date stoted obove. FUNERAL DIRECTOR: ACTUAL SIGNATURE should ď PHYSICIAN'S NAME (Type) istrar 22b. DATE THEREO! 20. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) Knox Cemetery Rogersville VIIIe: Tenn 246. REGISTRAR'S SIGNATURE 9 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR DEC 2 2 '59

that the death certificate be

VS A1S (4) 15M 9/58



fter death; Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have

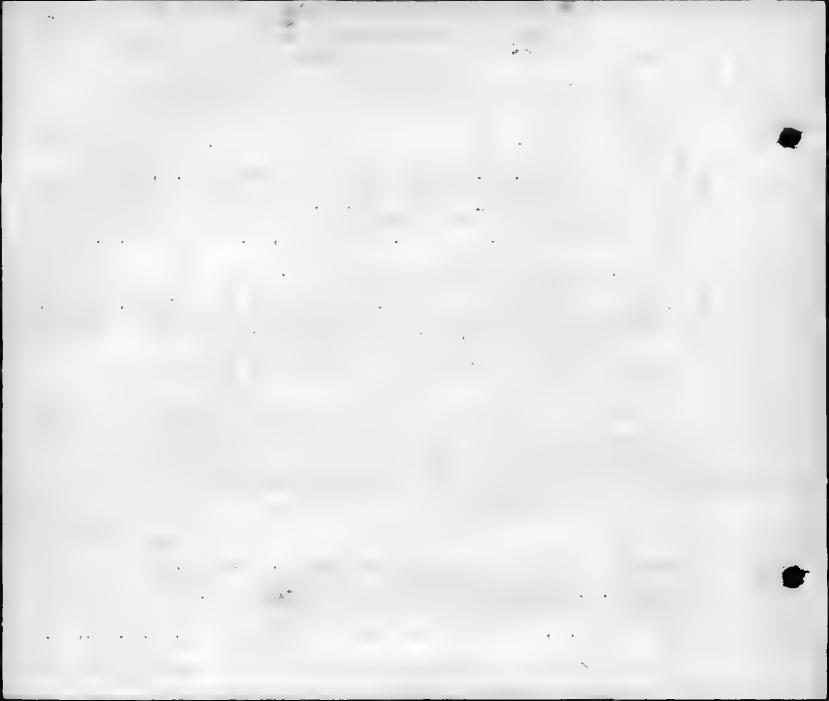
TO HOSPITAL

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13297

CERTIFICATE OF DEATH

	Keg. Dist.	140.
3. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence a. STATE b. COUNTY	before admission)
with winterer	Maryland Anne	arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest fawn)
d. NAME OF HOSPITAL (If out in hospital, give street address)	d STREET ADDRESS	e. IS RESIDENCE
2103 Ritchie Highway	4103 Rit chie Hgwy.	YES NO 🔀
3. NAME OF First Middle (Type or print) John J. Lipp	Lost 4. DATE Month OF DEATH Dec. 1, 195	Doy Year 9 19
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARR	IED [] B. DATE OF BIRTH . 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS
Male White WIDOWED DIVORCE	TOSE DIFFINGUY) Months De	ays Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS	DR INDUSTRY 11 BIRTHPLACE (State or foreign country) [12. CITIZE	N OF WHAT COUNTRY
Machinist Machinist Md. Drydock	Co. Baltimore, Md. U.	S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John C. Lipp	Louise P. Krause	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ALTON OF SOCIAL SECURITY NO. ALTON OF SOCIAL SECURITY NO. ALTON OF SOCIAL SECURITY NO.		
No	Mr. Ferdinand Lipp 200 Charles St.	Bato 25, 1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c	1, 10 11.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULLIUM	dul susuffe celley	ONSET AND DEATH
422, d DUE TO	17/1 - 0	
Conditions, if any, which) (b)	younder	
gove rise to immediate cause (a), stating the under	1	
lying couse lost. (c)	U	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !	(a) 19. WAS AUTOPSY PERFORMED?
	OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of wark of wark	20e. PLACE OF INJURY (Home, farm, factory, street, effice bidg., etc.)	enty) (State)
13	410, 1958, to Fluid 1959, that I las	
21. I certify that I attended the deceased from	210	
alive on 19 3, and tha	death accurred atM, from the causes and an the ADDRESS (Street, city or fown, state)	DATE SIGNE
SEGNATURE SCHOOL & Cheusich	M.D. 1337 S. Charles St.	
PHYSICIAN'S J. A. Scheurich	Baltimere 30, Md.	*************
REMOVAL (Specify)	NETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Burial Dec. 3, 1959 Cedar Hi]	1 Cemetery Ritchie Howy, A. A.	Co Md
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR'S SIGN	ATURE
1 // A	() n (1 1 0 0	* *



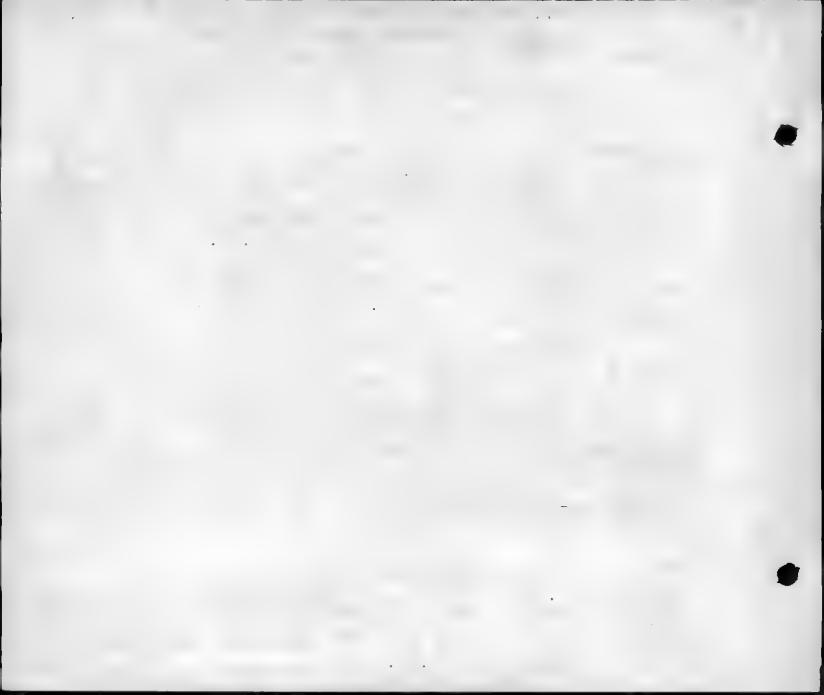
1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W 35	()		13298 CERTIFICATE OF DEATH 1327()
Page director	M	1	PLACE OF DEATH o. COUNTY Anne Arundel Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Maryland A. A.
deoth uneral Id be fi			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Pasadena 88 yrs Pasadena
by the f	X		d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
124 hou illed in es 1 and		1	NAME OF First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) William A. Lowery DEATH December 2 1959
l within letely fi s. Pogs			SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years lost brithdoy) White WIDOWED DIVORCED DECEmber 5, 1870 88 yrs. 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS lost brithdoy) Months Doys Hours Min.
executed of comp	dearh.	1	00 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Boat Builder Self-Employed Maryland U.S.A.
ate be e icion on e carbo	s arrer		3. FATHER'S NAME William James Lowery Alice Covington
in a series	/Z hour	I	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (14. no. of unknown) (14 yes, give wer or dates of service) Mrs. Helen Robbins, same as 2
e deoth ottendin n please	ugu.	7	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cartinoselestic Cartinovascular dispessed Silver Wiles
quires that the signed by the permit. The	in any even		Conditions, if any, which gave rise to immediate couse (a), stoting the under-
law re hysiciar s been :	vai, an		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
AN: The ending place has the buria	DE SE		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI al ar atta his certif	ematian,		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 of wark at wark at work
ATTENDING by the hospite CTOR: After the detached for	r to buriol, cr		21. I certify that I attended the deceased fram. Mile 30, 1950, to Allewalls 2, 1959, that I last saw the deceased alive on Allewalls 2, 1859, and the death occurred at 7:40 ft.M., fram the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL REDERSON (Street, city or town, state)
TAI reta AI DIRE	rar pria	4	PHYSICIAN'S R.M. Mc Laughlin
HOSPIT Tay be r FUNER	e regis		P20. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 12/5/59 Mt. Carmel A.A. County
P P P O O O O O O O O O O	=	7	ADDRESS HODDING & KITKLEY Glen Burnie, Md. ADDRESS DATE DEC 7 '59 Colland S. Times.
15M 9/58		E	TOPOTHE G. T. T. C.



Page 4 should be Give

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VS. A15ME(5) 5M 9/55



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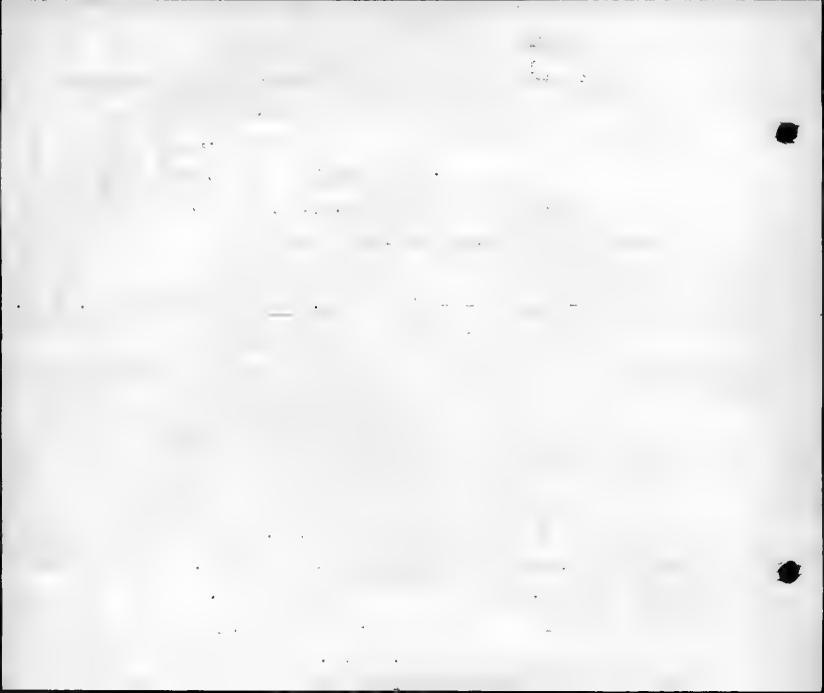
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FUNERAL DIRECTOR:

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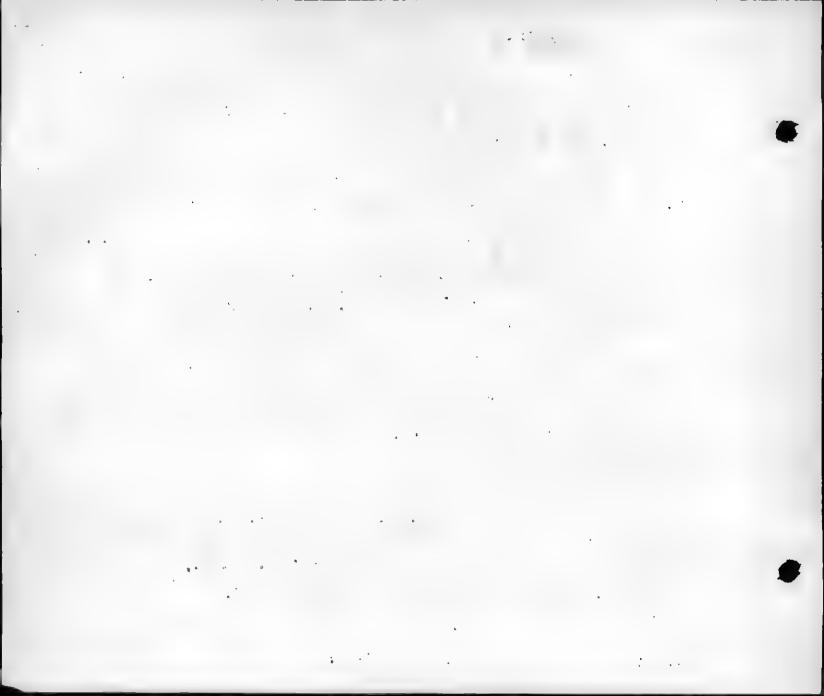
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VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

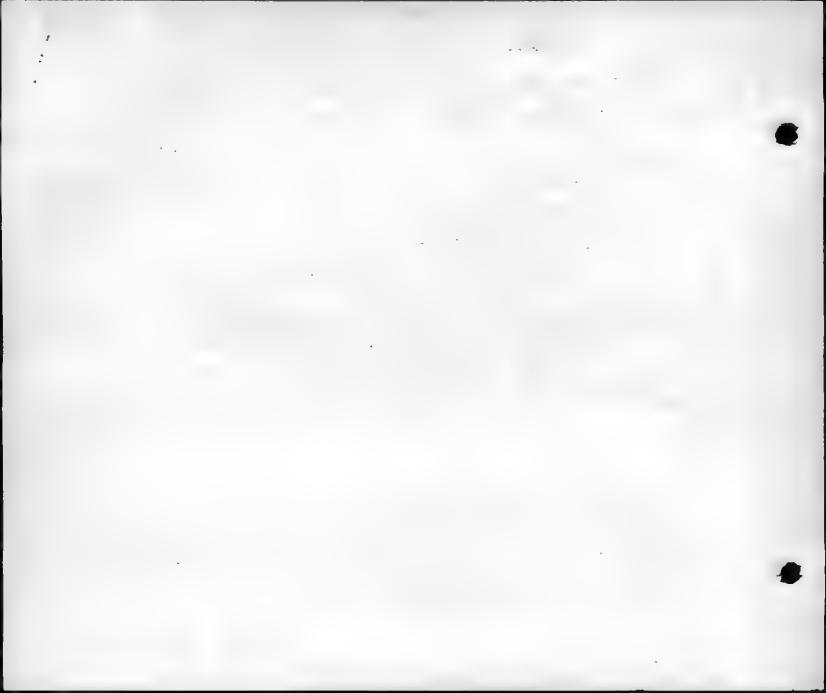
CERTIFICATE OF DEATH

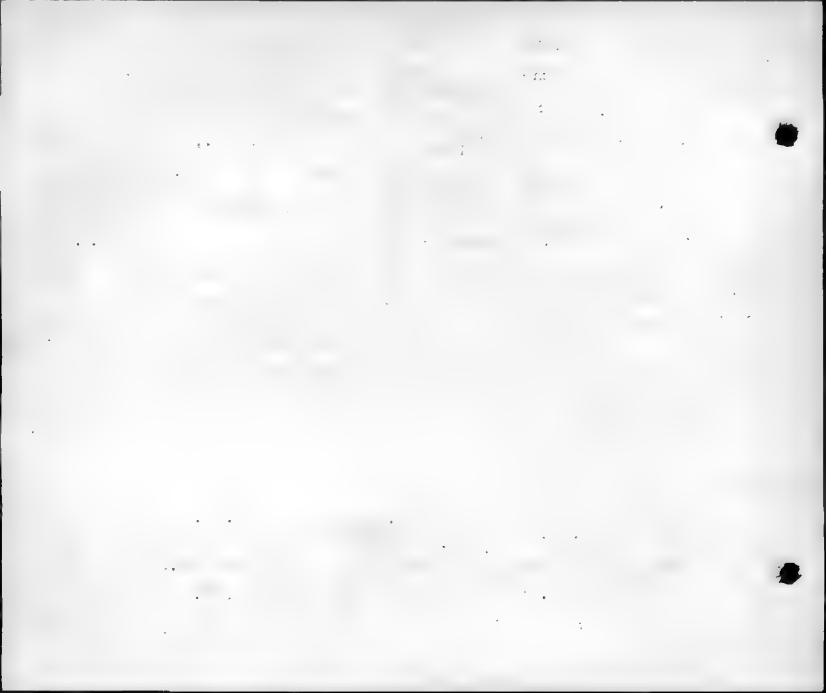
	13254		CERTIF	FICA	TE OF DEATH	1		Reg. Dist. No	o	
7. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Wh			: Residence bef	ore admi:	ision)
Anı	ne Arundel		MARYL	AND	o. STATE Maryl	and	b. COUNTY	Anne Ar	unde	1
RURAL ond give ne	f autside corporate limi arest tawn)	ls, write	c. LENGTH OF STAY II	N 1b	c CITY OR TOWN (If o			RAL and give n	earest taw	rn)
Annapolis	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20 days		Rural -	Gambril.	ls		10.00	4 (3) (1) (2)
Anne Arunde.	AL (If not in haspital, s L General F				d. STREET ADDRESS				e. 15 KE ON YES	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	Harry	st Cl	les and	1.	MARQUESS	4. DATE OF DEATH	Decembe	_	Day L4	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 🗍 8.	DATE OF BIRTH	9. /		F UNDER 1 YEA		-
Male	White	WIDOWED	DIVORCED		June 9, 1886		73 yrs.	Months Days	Hours	Min.
during may of work	ON (Give kind of work ing life, even if retired	done 10b. K	OLVYLLA	INDUST	RY 11. BIRTHPLACE (Stote Marylan	•	ry)	12 CITIZEN C		COUNTRY
13. FATHER'S NAME	·	Tihe	Hardi	ita	14 MOTHER'S MAIDEN N	LA TO	arri	nen		
15. WAS DECEASED EVEL	R IN U. S. ARMED FOR		OCIAL SECURITY NO	IN	FORMANT AND AND	r ma	Addre	94-	n Kr	10
TIB. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), and (c),]	A.A.	110-00-00		The same	IN	TERVAL B	ETWEEN
	TH WAS CAUSED BY.		common		ochesin		U	10	SET ANI	DEATH
,	IMMEDIATE CAUSE (o		1			4			1/2	LA
Conditions, if a	av which \	an	Laivo la un	15.	Candovres a	lus ,	unal a	enen		
gove rise to in	mmediote DUE TO								-	
lying cause lost.	the <u>under-</u>	do	-t							
Z PART II OTH	IER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19 WAS	AUTOPSY
PART II OTH	dia	Jula	mel	he	dworder	and w	cer			ORMED?
OR CONTRIBUTING	S UNDERLYING C				(Enter nature of injury in I		of item 18)			J -1-0 (Jan
	MEDICAL EXAMINER)	1				lant (a)				10
20% TIME OF INJURY	Y Manih, Doy, Ye 19	While	URY OCCURRED Nat while ot wark	Facto	CE OF INJURY (Home, form ary, street, affice bldg., etc.	.) 	town)	(Caunty	′)	(State
21. I certify th	at I attended the	deceases	d from Nov.	24.	. 1959, to De	ec. 13.	1959.1	hat I last so	w the	decease
	c. 13, 195				occurred ot 6:00A	M, from the	couses and	on the dat	te state	d obove
ACTUAL SIGNATURE	26	ردورو	mul	M	.D. Amos Gari	ADDRESS (Street rett Blv	1	12	/14/	TE SIGNEI
PHYSICIAN'S C NAME (Type)	S. Borssuck				Annapolis	, Md.		, may again yang sama ibu ibu ibib i i i ibib ibib ibib ibib	dansary and time only tops	
220 BURIN CREMATO REMOVAL (Spec fy)	12-17-	- 59	22c NAME OF CEMET	TERY OR	CREMITORY CM ONL	22d LOCATION	City Apwn, or	coupty)	(Ste	ite)
23. FUNERAL-DIKECTOR	S SIGNATURE	1 11	ADDRESS		24a. REC'	D BY REGISTRAR	24b. REGIST	RAS SIGNAT	URE	
Hulchin	1 Funua	Ho	me WU	ren	TO MAR DATE D	EC 1 7 '59	a,	alun S. K.	iau4	



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		13255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 13274
HEALTH-DEPT.		10000
6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	' '	2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) O STATE OF COUNTY OF
9.5	19	CHY OR TOWN III outside corporate limits, syrite RURAL and g ve negrest town)
Clar Clar of	6	KNAME OF HOSPITAL OR INSTITUTION THE not in hospital, give street address) d STREET ADDRESS d STREET ADDRESS g e is residence
· X 作《意图》	1	Intil 3-Chicket St. VIRTICIS CALLE ST. VEST NON
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ady with		Velake (1) It widowed Divorced D 9-26-1954 tool birthday) yrs. Martins Days, Hours Min.
death 2 and 2 and 2 and 2 72 hc	10a	USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State optioning country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME
we foges orm PM3 lie poges event wi		Loun nusley Medicy Bitty Chiest hill son.
75 TE 150 M	13/	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17- INFORMANT Address Address (If yes, give wor or dates of service)
d is on	<i> </i>	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
Hem. Hem. I along along the per line pe		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 114 W will my with.
ci in Mice Mova		772.0 DUE TO Conditions, if ony, which) (b)
d be per service of the		gove rise to immediate course (b) (c), stoling the underlying DUE TO
shaul gi'' in mine s a k		cours lost, (c)
pendin pendin cal Exc ered o remoti	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
mis cert word " wid be uriol, c		206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18)
Se the control of the	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Port of the Not white of work of wo
AMII Maritin Page Page		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my
Nt EX		apinion death rom: Natural causes . Accident . Suicide . Homicide . Undetermined monner
DIREC nated		ACTUAL SIGNATURE O DE LEUELS M.D. CHIEF MEDICAL EXAMINER D
or the design design		EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D ASSISTANT MEDICAL EXAMINER D
Should be seen that the seen t	220	BURIAL, CREMATION 200 DATE THEREOF THE NAME OF CEMETERY OR CREMATORY TO CATTON (City, lown, or county)
5 4 5 p	4	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REGISTRAR'S SIGNATURE
V8 A1SME 5M 2/57	1	with keepin the settelling is a little DATE DEC 30'59 Continue & Kinne
	To the last of	2063227XV4









CERTIFICATE OF DEATH

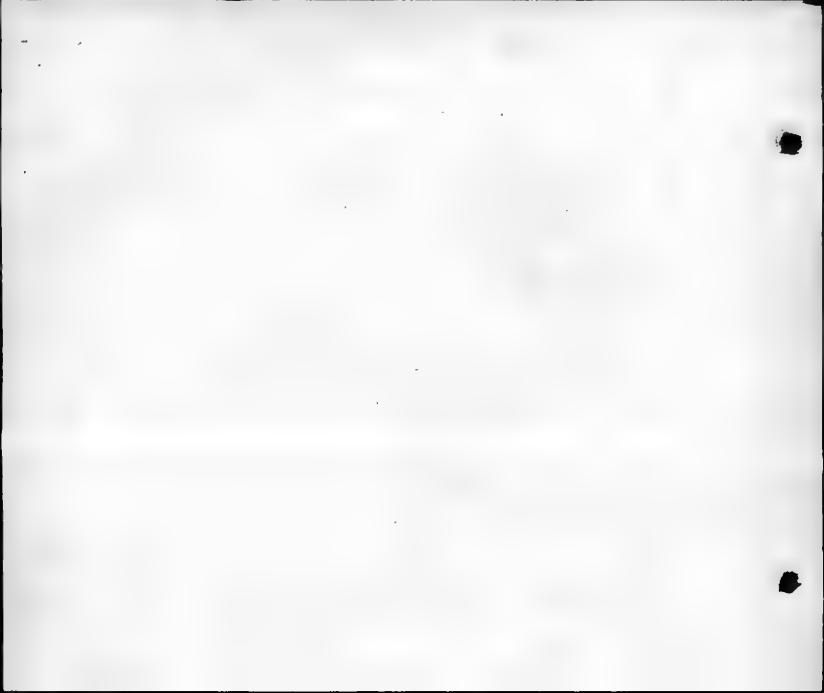
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)	1. (Anne Ar	undel	MARYLAND	2 USUAL RESIDENCE (WHO a. STATE	here deceased lived If institu		re admission)
		b. CITY OR TOWN (If autside can RURAL and give nearest tawn)		c LENGTH OF STAY IN 16	1	iutside carporate limits, write	RURAL and give ne	arest town)
		d. NAME OF HOSPITAL (If not in OR INSTITUTION	ena Md. hospital, give street a	G 140:3 Iddress)	d. STREET ADDRESS	na y		e. IS RESIDENCE ON A FARM? YES NO
	- 1	NAME OF DECEASED (Type or print)	the ine	Middle	Melligan	4. DATE MA	anth Do	y Year
	5. S	remale Whi		ED NEVER MARRIED DO DIVORCED	B. DATE OF BIRTH	9. AGE (In year last birthday)	Manths Days	IF UNDER 24 HRS. Haurs Min.
	10a	USUAL OCCUPATION (Give kind during most of working life, eve	d of work done 10b kin if retired)	hem. Mfg.	JSTRY 11. BIRTHPLACE State Pasade	or fareign country)	12.CITIZENO	WHAT COUNTRY?
	13.	FATHER'S NAME	Apploto	γ	14. MOTHER'S MAIDEN N	ett Apple	ton	
		WAS DECEASED EVER IN U. S. As, no. or unknown) If yes, give wo	r or dates of servyee)	OCIAL SECURITY NO.	Mr. Charles W.	Mulligan	Same	As #2
		18. CAUSE OF DEATH [Enter of PART I, DEATH WAS CA			Heart Fa i lu	re		ERVAL BETWEEN SET AND DEATH
	334 × DUE TO Canditians, if any, which) (b) Arterio-sclerosis; generalized. 2 ye							
		gave rise to immediate cause (a), stating the <u>under-</u> lying cause last.	DUE TO	Hemi-plegia	. left			
0	CERTIFICATION			ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL E)	(AMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature af injury in t	Part I ar Part II af item 18.)		
	MEDICAL	20c. TIME OF INJURY Manth, Haur a.m. p. m.	White	JURY OCCURRED 20e. P Nat while at wark	IACE OF INJURY (Hame, farm actary, street, affice bldg., etc	20f. (City or tawn)	(Caunty)	(State)
		21. I certify that I atter alive on Dec. 22	nded the decease		, 1959., to 20 h accurred at 4: 454			
		ACTUAL SIGNATURE	neis L.	Codel	mb.e	ADDRESS (Street, city or town rna Park M	n, state)	12-27-59
		PHYSICIAN'S Pran		odd M.D.				State and many varieties with the state and
		REMOVAL (Specify)	Dec. 59	22c. NAME OF CEMETERY C	CREMATORY	22d. LOCATION (City, town	re) 1	(State)
	23	FUNERAL DIRECTOR'S SIGNATULE	ton x	Hen Burne	ond - DATE EC	5 4 150	GISTRAR'S SIGNATU	RE

TO HOSPITA R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has lifter death. Page 4 may be related by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remargerantson popers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, ar remaval, and in any event within 72 habrs offer death.

VS A15 (4) 15M 9/5B



ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the desir in the bottom copy may be retained by the hospital or attending physician.

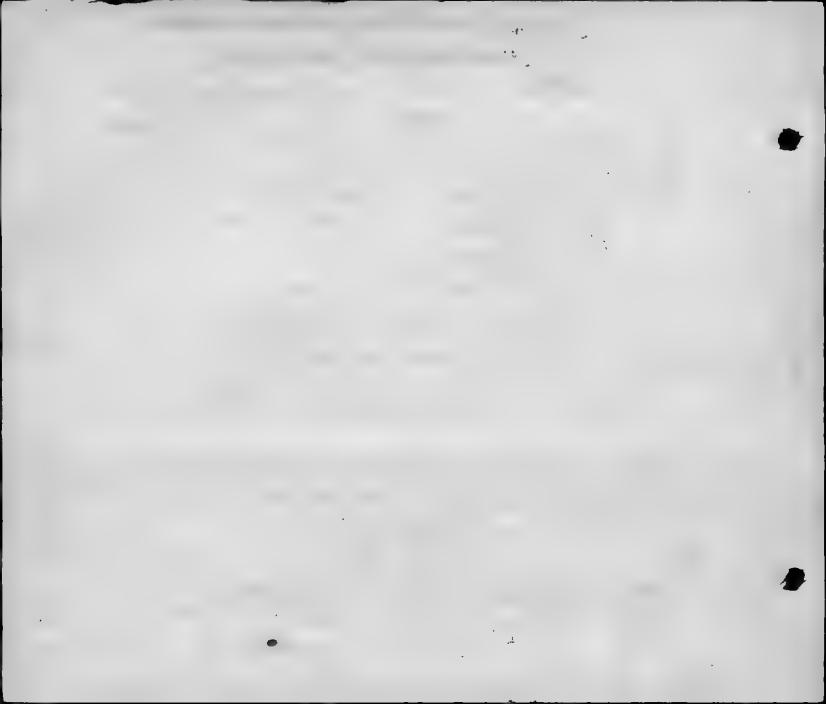
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Z.

INSTRUCTIONS

CERTIFICATE OF DEATH

13257	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY UNDE UPUNGEI MARYLAND	STATE Maryland COUNTY U. U.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this plecy)	CITY (It outside conforate limits, write RURAL end give nearest town) OR
TOWN Annapolis lifetime	TOWN Shady Side
HOSPITAL OR INSTITUTION OR CLUME arundel General Hogh.	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) (Type or Print) Robert Bernard Ou	UINGS DEATH Dec. 22 1959
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 57	F, BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life aven it retired) On the content of working life aven it retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Shayside Md.
UIM-WALLICE DWINGS	14. MOTHER'S MAIDEN NAME Mary Tydings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Prestoy Ocurys, Shadyside by
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
IMMEDIATE CAUSE (A) Nephro sclerosis	z urema / week
DISEASES OR CONDITIONS, IF ANY, BY DIABETES 80 GENERAL STATING UNDERLYING CAUSE LAST.	eralized arterioselerosis years
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
196. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.] OF INJURY street, office bldg., etc.]	Te. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s, INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept	
alive on Dec 21, 1957, and that death occurred at.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE DEC 2 R '59 Outlan S. Flance	25 FUNERAL DIRECTOR'S SIGNATURE LES Subsectly Subsectly Subsectly Subsectly



Rea. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland Anne Arundel b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give neopost town) Burnie Glen Burnie . Maryland TI Year e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? Furnace Branch Rd., Glen Burnie Manor Nursing Home YES I NO I 4. DATE OF DEATH Middle DECEASED William (Type or print) 19 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH 9. AGE (In years lost Kirthday) Manths Davs Male Negro WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) South Carolina None 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Phylis Paul Andy Paul INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2000 W. Fayette St. Balto. Md. Amos Paul 1B CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Senile mental changes YES NO TE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) MEDICAL TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Day, Year (County) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from July 7,1957 to December 26, 19 59 that I last saw the deceased December 19, 1959 and that death accurred at 7:27PM, from the causes and an the date stated above alive an ADDRESS (Street city or lawn, state) ACTUAL SIGNATURE 400 N. Carrollton Avenue PHYSICIAN' NAME (Type) James M. Pair M.D Baltimore 23, Maryland 220. BURIAL CREMAT ON | 22b. DATE THEREOF 22d. LOCATION (City town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Baltimore, Maryland Mt Auburn ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Villiam A. Jackson Funeral Home Inc. 916 Penna. AVE DEC 2 8 '59 Circher & Hame

director, filed . Funeral Se O

> 24 .⊆ filled ∇ upq 6 20 physicic mave attending please

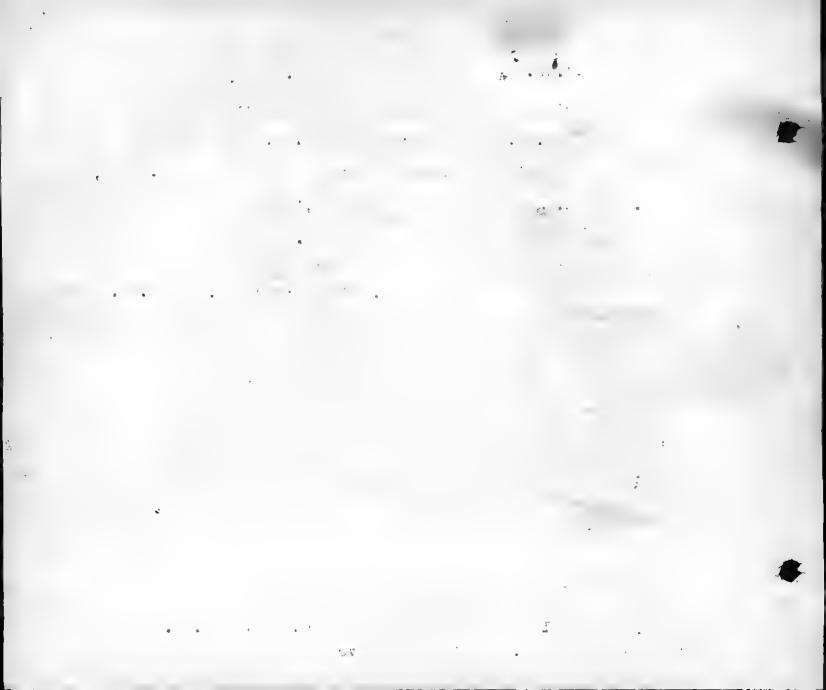
permit. signed bur, al-transit ŝ 计言 may be retained by the h FUNERAL DIRECTOR; A page 3 shauld be detach

0 VS A15 (4) 15M 9/5B



1	X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
4 VE	JA.		13304 CERTIFICATE OF DEATH	Reg. Dist. No	13280				
h. Page 4 il director, filed with	Service .	1.	1. PLACE OF DEATH COUNTY Arundel, MARYLAND Baltimore, Md. b. C	f institution: Residence befo COUNTY	are admission) ,				
E 23	M		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Clen Burnie c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write IO weeks	, write RURAL and give ne	arest town)				
of the funda 2 shauld	031		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Plaza Manor Nursing Home 830 N. Washington Str	reet	a. IS RESIDENCE ON A FARM? YES NO A				
in 24 hor filled in ges 1 on	,	3.	3. NAME OF First Middle Lost 4. DATE OF DECEASED (Type or print) ANDREW PAYTON	Month Do	oy Yeor				
d within letely fi 's. Page		5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (I lost big Male N WIDOWED DIVORCED June 6,1893 66	sthday) Manths Days	Haurs Min.				
e execute and comp	deoth.	10	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker Steel mill	12. CITIZEN C	OF WHAT COUNTRY?				
cart	s of a	13	13. FATHER'S NAME Charles Cole Payton 14 MOTHER'S MAIDEN NAME Harriett McEmery						
	STATE OF THE PARTY	150	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Fex. no. or updinown) (If yes, give mor or dates of service) 2/3-07-8653 & Burtle Hand 4855 He	ghot. Ca	intridge of				
e death ce attending n please n			INTERVAL BETWEEN ONSET AND DEATH I'M NOURS						
that the by the it. The	y even	ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema 4 0 Due to Conditions, if ony, which } Myocardial infarction	1	4 months				
equires in. signed	5 5		gave rise to immediate cause (a), stating the under lying cause last. Due to Hypertensive cardiovascular disease		15 yrs.				
physicic as been al-trans	وران (ا)	CATION	FART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS Severe dementia due to cerebral anoxia.						
IAN: The	ž.	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)					
PHYSIC of ar att bis certi	and ion	MEDICAL	20c. TIME OF INJURY Manth. Day. Year 20d. INJURY OCCURRED Hour o. m. While Nat while at work 19 at	(County)	(Slate)				
After the	mai, cr		21. I certify that I attended the deceased from September 23 1959, to Dece. 6, alive on December 5, 1959, and that death occurred at 3:30P M, from the co						
by the ECTOR:	or tawn, slate)	DATE SIGNED 12-7-1959							
TAL SAL SOR	rar pri		ACTUAL SIGNATURE AND LOO N. Carrollton Av Baltimore 23, Maryla NAME (Typh) James M. Pair. M.D.	ind					
HOSPII noy be r FUNER	s de la company	27	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City REMOVAL (Specify) 12-10-59 2nt. Caltery 0.a.c.	andre !	(Stote)				
VS A1S (4)	•	23	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Control ADDRESS DEC 8 '59	46. REGISTRAR'S SIGNATU Carilhum S. 40					
		7	Billow, ma						



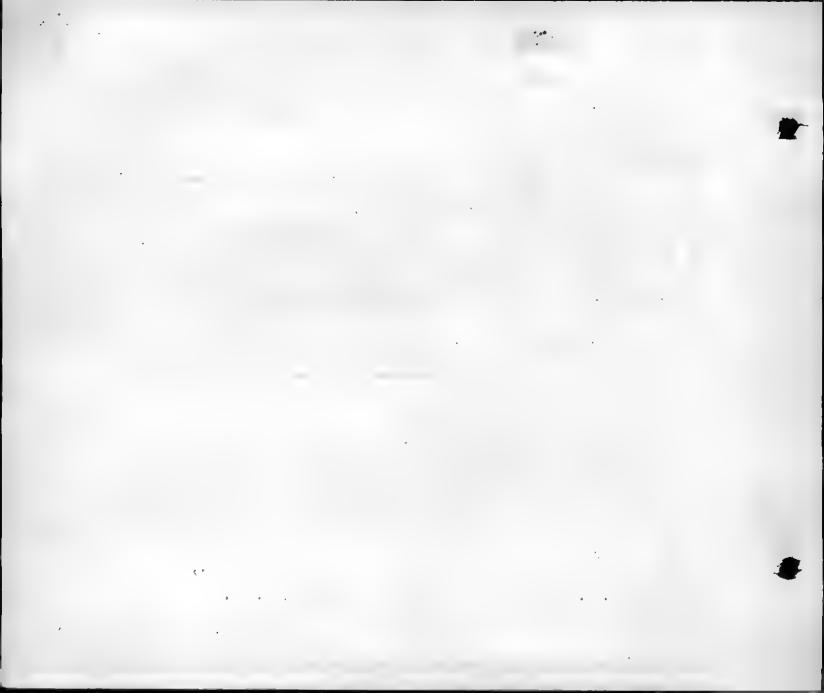


	19498	3	CENT	1107	TIE OF DEA	• • • • • • • • • • • • • • • • • • • •	Reg	, Dist. No.	
1. PLACE OF DEATH	E OF DEATH			2. USUAL RESIDENCE	sidence before ad	mission)			
	o. COUNTY Anne Arundel		MAR	YLAND	o. STATE Marvla	b. COUNTY	Arundel		
b. CITY OR TOWN (I	f outside corporate limits		LENGTH OF STAY	'IN 1b			e limits, write RURAL		lown)
RURAL and give no						· ·			
Annapo	DL18 AL (If not in haspital, gir	re street ad	Ideas: 1		d. STREET ADDRESS	wnsville		- 1c	RESIDENCE
OR INSTITUTION	At (ii noi iii naspitai, gi	AG 21.GG! OC	ici ess)		d. SIKEET ADDRESS			OI	N A FARM?
Anne Amino	del General	Hospi	tal		*			YES	□ NO 🖸
3. NAME OF DECEASED	First	-	Middle		last	4. DATE OF	Month	Doy	Year
(Type or print)	Henr	mur.			Poole	DEATH	December	7:0	19 Co
5 SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	ED [DATE OF BIRTH	9	AGE (In years IF UN	DER TYEAR IF U	
Melle	44	WIDOWED			6-10-18	87	lost birthdoy) Mon	this Days Hou	urs Min,
Male	I HOELU			OR INDUS	TRY 114 BIRTHPLACE St	the or foreign coul	-	CITIZEN OF WHA	AT COUNTRY?
during most of war	ung life, even if ratired)	1007 11		311 11 12 22	1/ 00 17	11/20	olima	115	1
13. FATHER'S NAME	nen				The markets was to	1600	00000	41-31	
13. FATHER'S NAME	11/18-	9.	- 1		14. MOTHER'S MAIDE	N NAME	. 12	1	
u	MACRA	9700				11.16	Mind	202/1	-
	R IN U. S. ARMED FORC		OCIAL SECURITY NO). I	IFORMANT	1 .	Address Address	.,))	111
1/10				IK.	Clas NA	-018.M	ellerar	le ///	166
18 CAUSE OF DEA	TH [Enter only one cau	se per line	for (a), (b), and (ç)]	7				BETWEEN
PART I. DEA	TH WAS CAUSED BY:	134	orna la	1-7	1	- h d n d	. 6	ONSET A	ND DEATH
4714	IMMEDIATE CAUSE (o). DUE TO	3-12	10-10-6	- V /-	16 - 1/42	C 1 1 1 1 1 1 1	~ {		
		-/			1 = 1/	1 - 1			
Candit ons, if o		MAL	Va 12 2	CH	0716	uly e	2-1-		
couse (o), stoling									
lying couse last.) (c)								
PART II. OTH	IER SIGNIFICANT COND	ITIONS CO	NTRIBLTING TO DE	ATH BUT	NOT RELATED TO THE TEL	RM!NAL DISEASE	CONDITION GIVEN IN	PART 1(o) 19. W	AS AUTOPSY REORMED?
3 7×	Kinio L	af T.	ias.	Con	Trace (C-1	-de ox)		NO 🗆
	S UNDERLYING	206 DESCR	IBE HOW INJURY O	CCURREC	. (Enter noture of injury	in Part I or Part I	of item 18.)		
OR CONTRIBUTING	CAUSE OF DEATH	1007	of S						
3 20c. TIME OF INJUR	Y Manth, Day, Year	20d INJ	URY OCCURRED		CE OF INJURY (Home, fo		r tawn)	(County)	(State)
20c. TIME OF INJUR	11 29104	While .	Nat while.	foc	fory, street, office bidg ,	elc.)			
₹ p. m.	1, 1,000	at work	of work	1 [7	GARIE	1- 163	247		
21. I certify th	at I attended the	deceased		29	, 19_54, ta	13-17	, , ,	I last saw the	
alive an 12	-18/	., 19,5	Z_{-} , and that	death	accurred at 4:30	DAM, fram th	e causes and an	the date sta	ted abave
	1-	/.				ADDRESS (Stre	et, city or town, state)	ı	DATE SIGNED
ACTUAL	FI NORA	rdo	22004-61	12	A.D. 121 Cat	hedral S	St.	12/2	20/59
	1	-	/	1		ور - درای شده را بخودی کیارد			
PHYSICIAN'S NAME (Type)	. E. Landme	sser	/		Annapo]	lis, Md.			
220 BURIAL, CREMATIO			20. NAME OF CEN	ETCOV O			ON (City, town, or cou	ntu) / /	State
REMOVAL (Specify)	110 32	1020	22C. NAME OF CEN	A Z	CREMATORY	To look	(City, 10mil, 07 cou	1.37	State)
18 18 VIC	- 1 - 2- 1	101	Jacon	162	erry	Will	CONUL	C dichirant	6
23. AUNERAL DIRECTOR	SIGNATURE	9 1	ADDRESS		24a. RI	DEC 2 2 2 5	R 24b. REGISTRAR	S SIGNATURE	
willest m/	WELLH. 100	1,000	MATULE	ulu	Con RODATE	PES ? ?		25 FINALOR	

r deoth. Page 4 may be retain the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fungral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

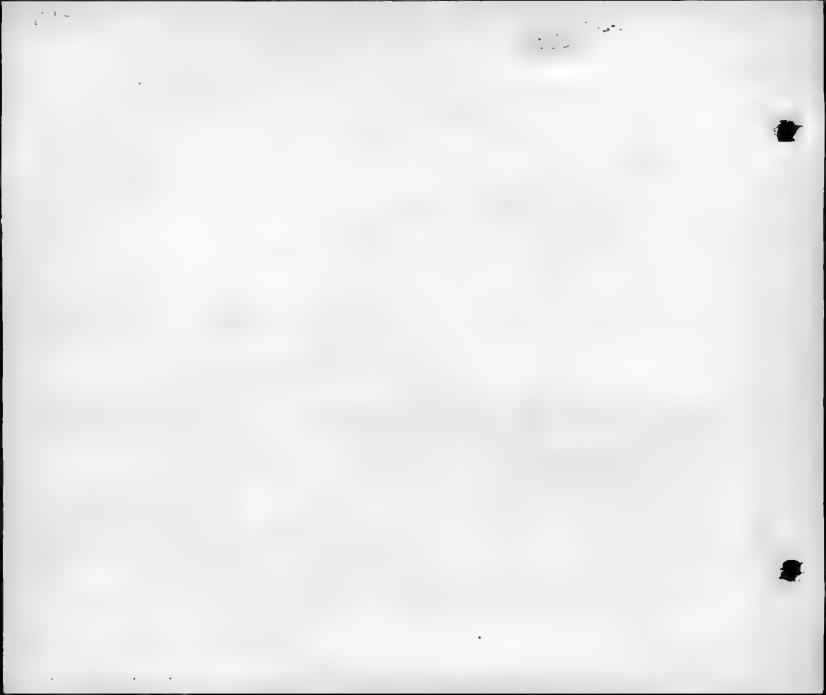
TO HOSPITAL VS A15 (4) 15M 9/58



DIRECTOR:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



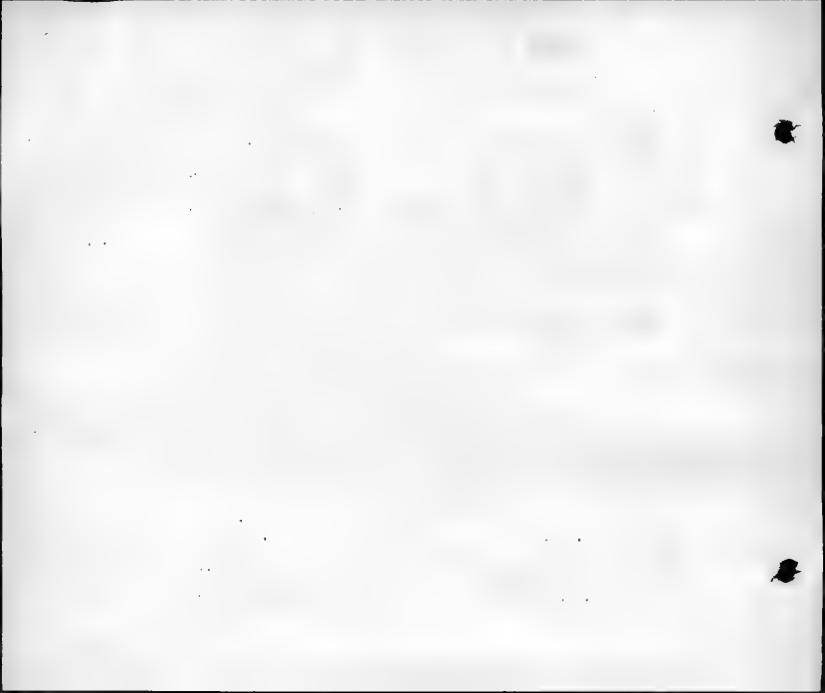


L		13259		CERTIF	ICA	ATE OF DEAT	Н		Reg. Dis	t. No.		
	PLACE OF DEATH a. COUNTY	Anne Arun	del	MARYLA	ND	2. USUAL RESIDENCE (V o STATE Mary 1	_	b. COUNTY	Anne	e before Arur	odmis	sion}
	b. CITY OR TOWN (I RURAL ond give ne Anna po		ts, write	c. LENGTH OF STAY IN	1Ъ	c CITY OR TOWN (IF	outside corp					
	OR INSTITUTION	AL (If not in hospital, g		•		d STREET ADDRESS 74 East	St.,			e	ON A	SIDENCE FARM?
	NAME OF DECEASED (Type or print)	William	st	Middle		Last QUEEN	4. DATE OF DEATH	Decemb		_{Doy}		Year 1959
	sex Male	6. COLOR OR RACE Negro	WIDOWI			June 3, 190		9. AGE (In years lost birthdoy) 58 yrs.	Months	Days	F UND Hours	ER 24 HRS Min.
_	Laborer	N (Give kind of work o	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (State	e or foreign (country)		U.S.		COUNTRY
13.	William	Queen, Sr.				14. MOTHER'S MAIDEN		rris				
15. (Ye	WAS DECEASED EVEN	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	II	NFORMANT		Addr	e\$\$			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a		ne for (a); (b), and (c)]	, E	massine	Frie	ine.		ONSE		TWEEN
	Conditions, if or	DUE TO		Pulmi	ma	ny Eden	war			2	day	
	couse (a), stoting the under DUE TO Thypertensul Cardin Vuscula Laislan Shaste TV											
CATION			Zenoitid	ÖNTRIBUTING TO DEATI	H_BUT	NOT RELATED TO THE TER	WINAL DISEAS	SE CONDITION GIV	en in Part	1(0) 19	PERFO	AUTOPSY DRMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	(Enter noture of injury in	Part For Po	rt II of item 18)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Month, Doy, Yes	While of wor	Not while		CE OF INJURY (Home, fai lory, street, affice bldg., e		y or town)	(Co	ounty)		(Stote
		at I attended the				, 19 <u>59</u> , to						
	ACTUAL SIGNATURE	Horeliso	19.5	19. 11, and that d	eath ,	accurred at 2:25	ADDRESS (Street, city or town,		date		d abave re signer /50
	PHYSICIAN'S NAME (Type)	T. H. Joh	nson	1 mes -	^		lvert	Maryland		ر بکیل	20/	.2.7
220	BUR AL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETE	RY OF		22d. LOCA	TION (City, town, o	,,,		(Sto	he)
23.	FUNERAL DIRECTOR	SIGNATURE	s. 42	ADDRESS STEEL	L	Led 24g. REG	C'D BY REGIS	TRAR 24b. REGIS				- 5-

may be reta TARECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 houry ofter depth r death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having

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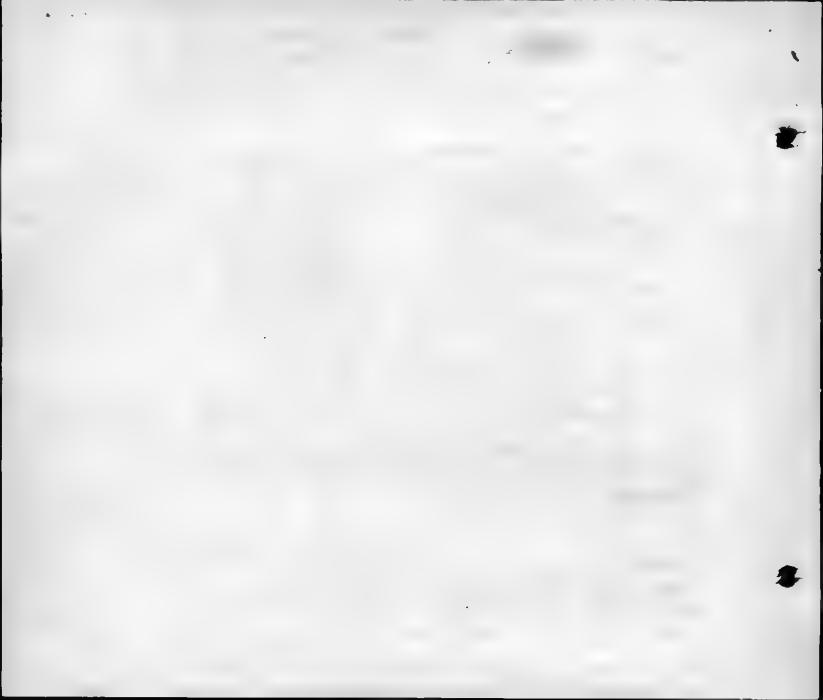
TO HOSPITAL VS A15 (4) 15M 9/58



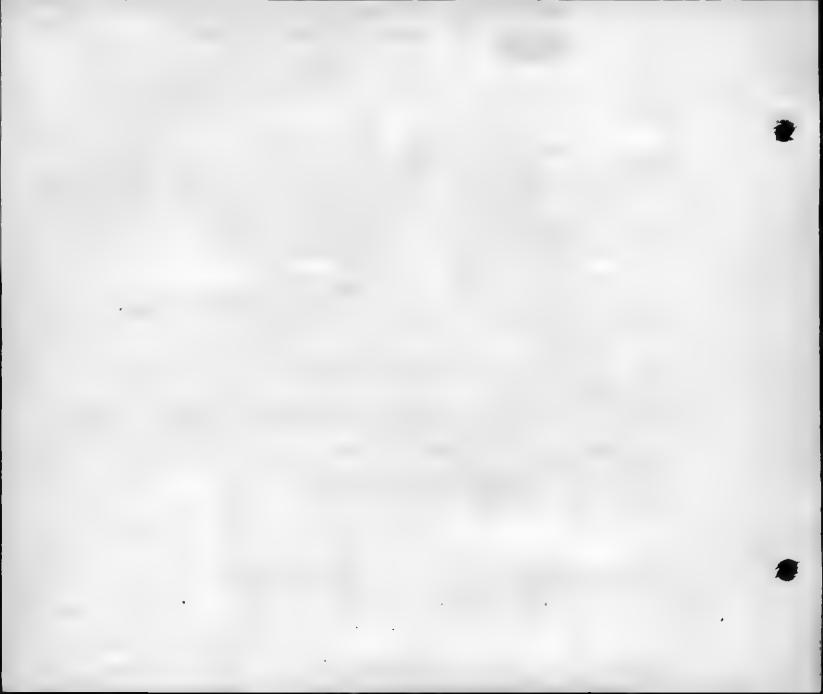
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 EDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Rea, Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY **b.** COUNTY o. STATE RALTIMORE MARYLAND 14 b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OVE HARBCRe. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO 🗵 NAME OF 4. DATE Month Year for your DECEASED OF DEATH 1959 (Type or print) 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX MARRIED NEVER MARRIED last birthday) Min. 2 with the Months Days Hours DIVORCED [7] 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A oud B+O. R.R. CO. MD. puo TIRED. eg 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME moy within 24 hours Poges 1, poges LILLIAN Poge 5 i 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SAME. Give B. ROCKEL CAROLINE NO INTERVIA BETWEEN 18. CAUSE OF DEATH | Enter only one cause per lime for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY 0.5 PERFORMED? YES | NO 🗔 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH. 3 should MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stota) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection . Inquiry DIRECTOR: Undetermined cause [Natural causes Suicide | | Hamicide . death resulted from i.H.O DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded 10 FUNERAL I ASSISTANT MEDICAL EXAMINER removol **EXAMINER'S** DEPUTY MEDICAL EXAMINER & NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE (24a, REC'D BY REGISTRAR VS. A15ME(S) DATEC 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



YES NO

PERFORMED? YES NO

(State)

DATE SIGNED

/(State)

Hours

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write \$URAL and give nearest town) RURAL and give nearest town) EN Wires d NAME OF HOSPITAL (If not in haspital give street address d STREET ADDRESS B. IS RESIDENCE OR INSTITUTION NAME OF Widdle Manth DECEASED ecember (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEXT. 4. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE_IIn years doy) Manths Days DIVORCED WIDOWED [10a USUATOCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during must of working life, even if retired) 13. FATHER'S NAME. 14 MOTHER'S MAIDEN NAME. 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sclero tic Cardio Vascular DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART, II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m

3 should FUNER

uires that

With

Pa

alive an ACTUAL SIGNATURE

> PHYSICIAN'S NAME (Type)

DATE THEREOF

21. I certify that I attended the deceased from

ADDRESS

Nat while at work at wark

22c, NAME OF CEMETERY OR CREMATORY

ノスーノウ

and that death accurred at

240. REC'D BY REGISTRAR DATE DEC. 3 0 '59

24b. REGISTRAR'S SIGNATURE Crilling S. Kraus

M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

22d LOCATION (City, town, or county)

19____,that I last saw the deceased

FUNERAL DIRECTOR'S SIGNATURE

22a BURIAL CREMATION. 22b

REMOVAL (Specify)

0 VS A15 (4) 15M 9/55



	neral director,	ed with	1	
	e funeral a	auld be fil		
	in by th	and 2 sh		
	ly filled	Pages 1		
	AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld b	ath.	
	an and	carban p	thin 72 hoors after death.	
	g physic	remave	72 hparis	
	attendin	n please	within	
	by the	it. The	y even	
di.	signed n	sil perm	nd in ar	
physicii	has beer	rial-tran	an, ar remaval, and in any event with	
attending	rlificate	is the bu	in, or re	
pital ar	er this ce	for use c	crematic	
y the haspital ar attending physician.	OR: Afte	letached	a burial,	
may be retain by	DIRECT	old be d	gistrar priar to burial, cremation,	
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VS A15 (4)

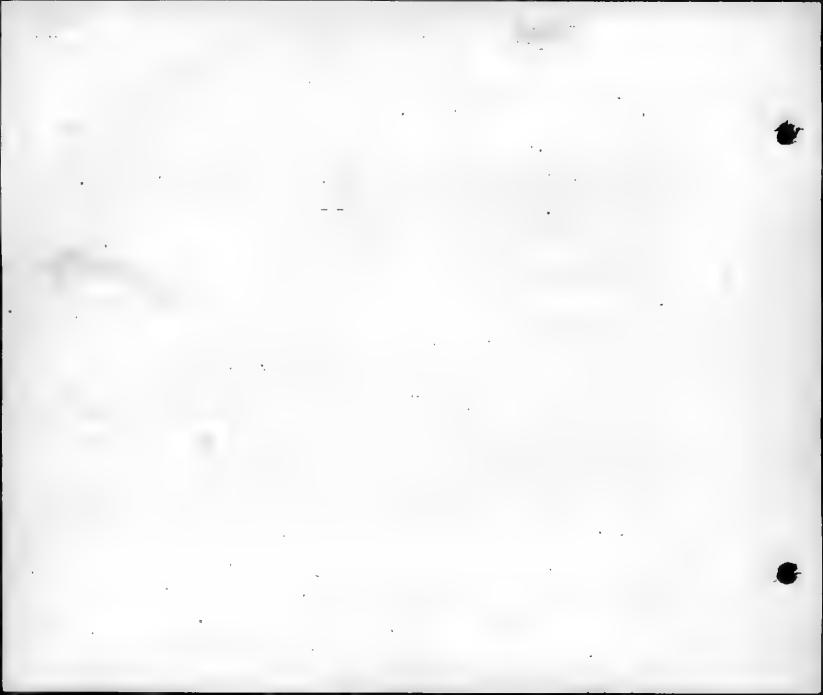
15M 9/5B

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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurston

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admiss an) n. COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Annapolis Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARME 18 Randall Anne Arundel General YES NO NAME OF Middle 4. DATE Month Day DECEASED OF DEATH 1959 Dec. Simmons (Type or print) Robert 16. COLOR OR RACE 7 MARRIED T NEVER MARRIED S SEX B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) June 20, 1878 Months Doys White Male WIDOWED TA DIVORCED | 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Anne Arundel Maryland 13. FATHER'S NAME 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO 1054ERIOTIC VASCULAR DISFASE Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO 1 204 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Not while at work at work 21. I certify that I attended the deceased fram 199 That I last saw the deceased and that death accurred at 815 AM, from the causes and an the date stated above. alive an **ACTUAL** SIGNATUR PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREO! ADEATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) INERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DAT DEC 1 5 '59 avenus & Kraye





VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

13291

	o. COUNTY 1221 (1212 w. 11) MARYLAND	2. USUAL RESIDENCE [Where deceased lived. If Institution-Residence before admission] o. STATE 1/2
ŀ	b. CITY OR TOWN (If outside corporate himits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	P. A. a. 1137 A. palis 2400 -	X 1 0 / 1 / 1 / 22 21672) Les
I	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address)	a. STREET ADDRESS 19
Į	On this round, mend his as well -	1:2 13 Et 4 ON A FARM? YES NO D
	3. NAME OF First Middle (Type or print)	Lost 4. DATE Month Day Year OF DEATH ACC 1 195 4
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
	Mule Cottack WIDOWED DIVORCED []	Jee - 18 y 2 Too birthday) Months Days Hours Min.
	during most of working life, even if retired) Live La Larler Les Larler Les Larler Les Larles Larler Les Larles Larler Les Larles Larl	RY 11. BIRTHPLACE IStole or foreign country 12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME	14MOTHER'S MAIDEN NAME
		NFORMANT Berelating Lucia (viviles)
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 care the service on the service of
	1420.1 DUE TO	
ı	Conditions, if ony, which) (b)	
1	gove rise to immediate couse (a), stating the underlying DUETO	
1	couse last.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATIC	PERFORMED? YES NO 2
l	CAUSE OF DEATH.	nter noture of injury in Port I or Part II of item 18.)
	A Hour o. m. While Not while factor	CE OF INJURY (Home, form, 20f. [City or town) (County) (Stote) ory, street, office bldg., etc.)
ı	<	
	21. I certify that I took charge of the remains described abodeath resulted from: Notural causes . Accident . Suit	ve, held an Autopsy [], Inspection [], Inquiry [], and find that cide [], Homicide [], Undetermined cause [].
	ACTUAL BUSTAV. H FAUBFR	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
,	EXAMINER'S Live Love & Fine beachilly	ASSISTANT MEDICAL EXAMINER D
Î	120. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOGATION (City, fown, or county) . (State)
	BALLEY 12-10-57 Bulande	with skidmen Mai
	TUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	weller Niewett 10, hunder 17. Check	VIC WILL DEC 14'59



funeral director, deoth. Poge 4

by the

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TTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4)

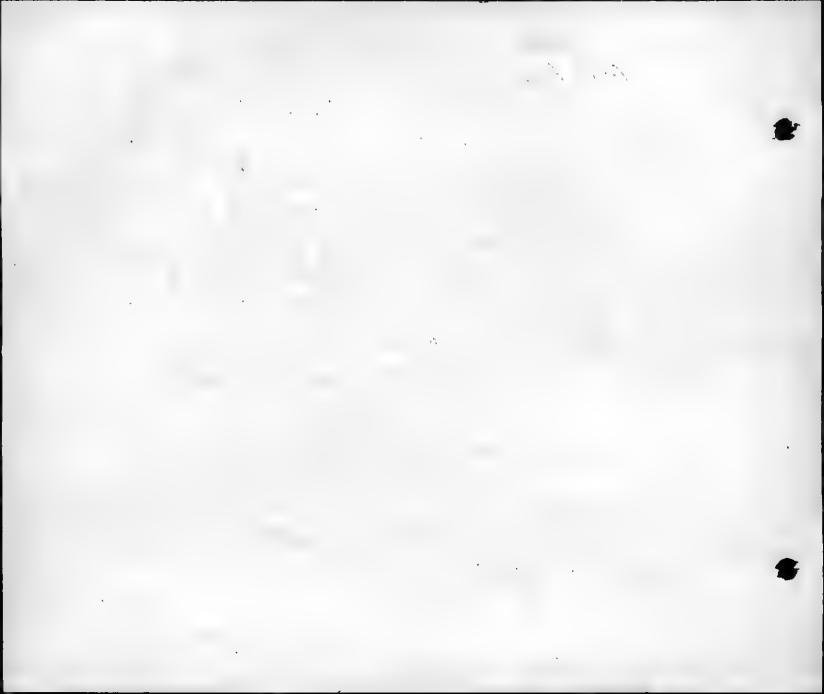
15M 9/5B

moy be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and

the registror prior to buriol, cremotion, or remayal, and in any event within 72 hours ofter death.

		19201	111162	AIL OI DLAIII		Reg. Dist. No.	
}		PLACE OF DEATH Anne Arundel M.	ARYLAND	2. USUAL RESIDENCE (Where o. STATE MARY	e deceased lived. If institut And b COUNTY		ssion) ndel
/	ŀ	b. CITY OR TOWN (If outside carporate limits, write C LENGTH OF ST	CAP IN 16	11 /1	side corparote limits, write	RURAL and give nearest for	wn)
(7	d. NAME OF HOSPITAL (If not in hospital, dive street address) OR INSTITUTION 392, Arm majatis	md.	A. STREET ADDRESS	92, Old An	marph's ON	A FARM?
		1401	kdle Z. y 5 / c	aw Stejkow.	Softin D	EC, 12	Yeor 19.59
	5. 5	m 11/4	RCED	Sept. 28, 18	78 9. AGE (In years lost birthdoy) yrs	Months Days Hours	DER 24 HRS Min.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11//	ISTRY 11 BIRTHPLACE (State or	foreign country)	12 CITIZEN OF WHAT	COUNTRY
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME Chrm	an	o sexue
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 10. or unknown! (If yes, give war or dates of service)	NO. E	Hizabeth A	WINIXAZ	danglite,	SULMA
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and	(c).]	1		INTERVAL E	BETWEEN
		PART I. DEATH WAS CAUSED BY:	1/00	scula acco	200.2	ONSET AN	DEATH
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			- 1	7.	. 0 1	1 1	
		Conditions, if any, which (b). (b).	ALK	con l	wheelight	1/3	71
		cause (a), stating the under.			0/		
	_	lying couse last. (c)			(
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DFATH BUT	T NOT RELATED TO THE TERMIN,	al disease condition gi	VEN IN PART 1(0) 19. WAS PERF YES [ORMED?
		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRE	D. (Enter nature of injury in Po	rt I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e Pl	ACE OF INJURY (Home, form, clory, street, affice bldg, etc.)	20f (City ar town)	(County)	(State)
	MED	Hour o. m While Not white p. m. 19 at work of work	10	civity, anser, office blog, etc.)			
		21. I certify that I attended the deceased fram	tetal	ger-1959 to 1	2-17- 105	That I last saw the	decend
		" / M. # - 1 50	ot dogt	-00	- 1		
		dive on	iui ucuii		A, fram the causes a DDRESS (Street, city or town		ATE SIGNED
		ACTUAL SIGNATURE STATUS		M.D	6 SHAW S	12	4111
/		PHYSICIAN'S JAMES RI NIARTIA	(HUNDA	11/5-11/10	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY	OR CREATATORY 2	2d LOCATION (City, town,	or county) (Ste	ois}
	1	June 12-19-57 Offin	affel	201	Miller	ell, Mit	-
	23.	FUNERAL DIRECTOR'S SIGNATURE	a mill	1.1.11		ISTRAR'S SIGNATURE	
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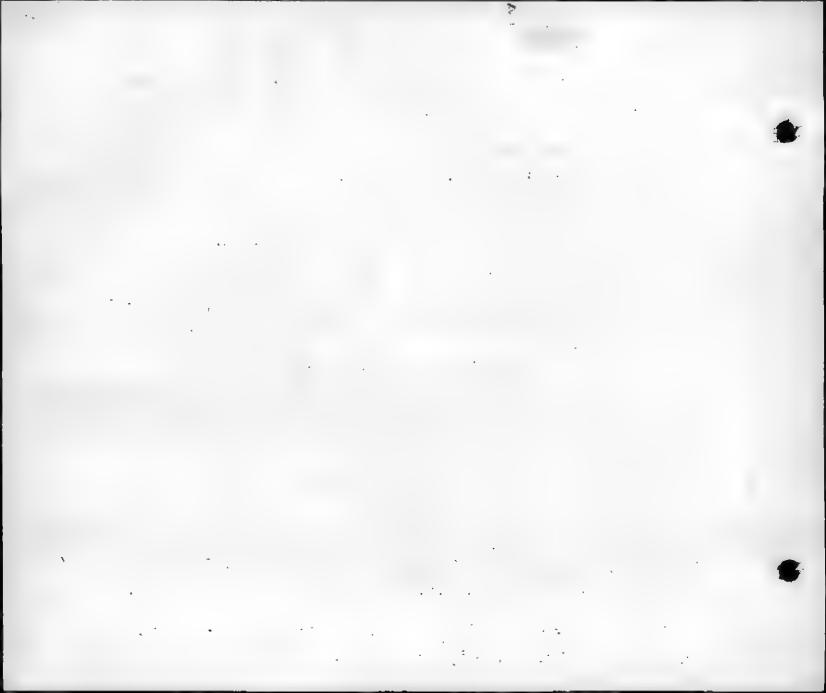
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



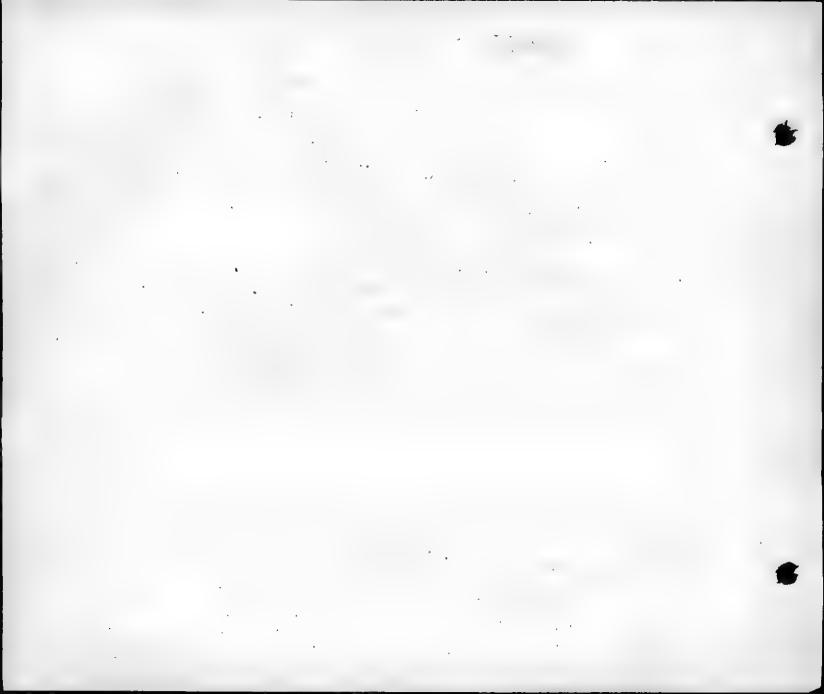
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Mi	1. PLACE OF DEATH o. COUNTY	Co
	b. CITY OR TOWN (If our RURAL and give hadre	utside car

CERTIFICATE OF DEATH

13316 CERTIFICATE OF DEATH Reg. Dist. No.							
1		1. PLACE OF DEATH a. COUNTY B. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before a state of the country of a country	admission)				
	Ł	b. CITY OR TOWN (If outside carporate limits, write RURAL and give marrest tawn) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give neares Carporate limits and g	t town				
		OR INSTITUTION	S RESIDENCE ON A FARM? ES NO				
		3. NAME OF DECEASED (Type or print) Derruel Blase Factor 4. DATE Month Dec 3-59	Year 19				
	1	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	laurs Min.				
		10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY (1) BIRTHPLACE (State or foreign caunity) 12 CITIZEN OF W	HAT COUNTRY?				
		Melvin Blow Taoha 14. MOTHER'S MAIDEN NAME Many Sel	Mon				
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANTO (If yes, give wor or detes of service) (Yes, no. for unknown) (If yes, give wor or detes of service) (Yes, no. for unknown) (If yes, give wor or detes of service)					
		PAPT I DEATH WAS CAUSED BY.	AL BETWEEN AND DEATH				
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		Canditians, if any, which) (b)					
		gave rise to immediate cause (a), stating the under-lying cause ast. DUE TO					
3	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19.	WAS ALTOPSY PERFORMED? ES NO				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While Nat while at wark of wark of wark	(State)				
		21. I certify that I oftended the deceased from Birty, 19, to 12/2, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	he deceased				
		olive on	tated obove.				
1		SIGNATURE /- ZELEWI T-DE GEMD. 204 Croin Hung Sh	<i>)</i> .				
•		PHYSICIAN'S NAME (Type) JULIUS LOEGL M.D. SLEED BUCKLES A					
	22 a	220. BLRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City town, or county) REMOVAL (Specify) Sec 5-3 7 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	(State)				
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE					
		DATE DEC 8 159 Orillar & Trus					

TO HOSPITAL MATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for death. Page 4 may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by we funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled/with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A1S (4) 1SM 9/SB

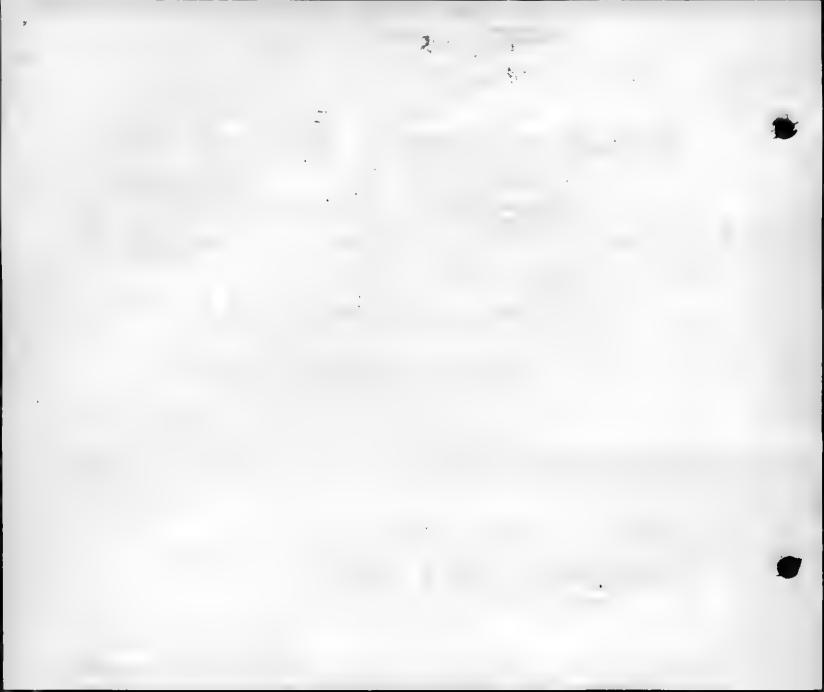


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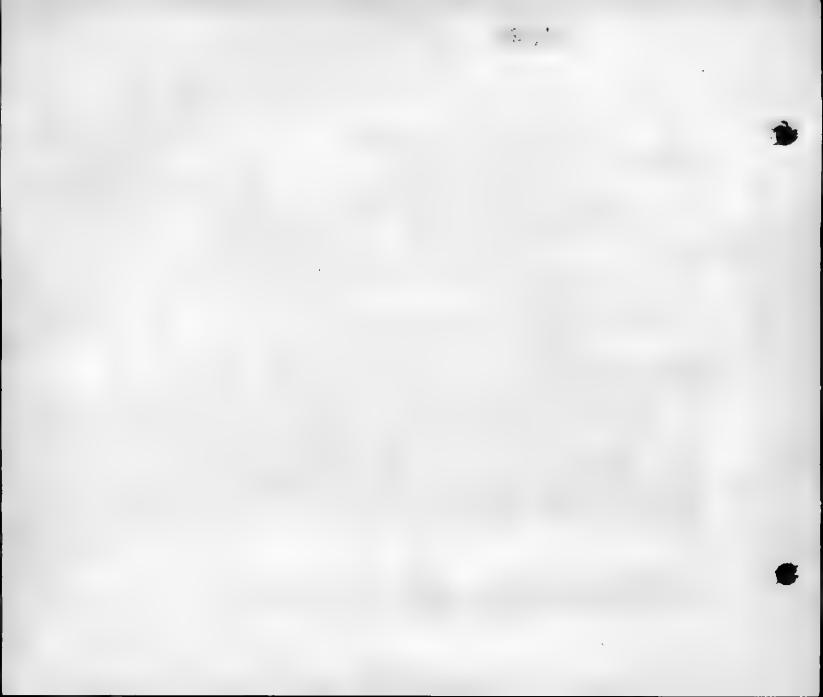
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1 22	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12000
X	13318 CERTIFICATE OF DEATH Reg. Dist. No.	13299
I director, filled with	1. PLACE OF DEATH a. COUNTY QUE QVUUQE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before the country b. COUNTY	ore admission)
er of he	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest tawn) General Bulling C. LENGTH OF STAY IN 1b RURAL and give nearest tawn) General Bulling C. LENGTH OF STAY IN 1b RURAL and give nearest tawn)	raresi tawn)
fun de Should	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION VIVIA WOULD NUISING HOUR !!	e. IS RESIDENCE ON A FARM? YES NO P
n 24 hav	(Type or print) TRAUN TROUMS DEATH 12 - 3	1 1959
of within	Male White WIDOWED DIVORCED Mappel 9-1843 lass Jubacy Manths Days	R IF UNDER 24 HRS Haurs Min.
and composer death.	Wallette - 132 ta TRANSI + Co Malletand 1	OF WHAT COUNTRY?
5 5 5	13. FATHER'S MAIDEN NAME	
8 05 K	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (191, no of unknown) (1) yes, give wer or date of service) 214-03-7803 Ediva E Thorsian - Pasade	ra. NId
e death attendin n please t within i	18 CAUSE OF DEATH [Enter only one couse partitle for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a) VECUMON Q	TERVAL BETWEEN NSET AND DEATH
es that the color the mit. The any even	Canditians, if any, which) (b)	
requires tian. en signed nsi perm and in a	gave rise to immediate cause (a), stating the under-tying cause last. DUE TO (c)	
he law physicia nas beer ial-tran naval, a	C PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part I or Part II of item 18] (If EITHER, NOTIFY MEDICAL EXAMINER)	19 WAS AUTOPSY PERFORMED? YES NO T
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PHYSIC al ar at this cert r use as ematian	20c TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED Haur a. m. While Not while at wark all work all work all work [20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	(State)
ENDING he haspit R: After ached fa burial, cr	21. I certify that I attended the deceased from 19, to 19, to 19, that I last s alive an 19, the 1 last s alive and 19, the 10,	
ATTEI by the by the CTOR de Le deto prior to by	ACTUAL SIGNATURE (Seles Security (MD P. O. DOX 3)	DATE SIGNED
FA Paul Paul Tor	PHYSICIAN'S Febrs Quouberd Odenton ud.	
may be a TO FONE 10 FONE 3 FONE 5 FON	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City town, or county)	(Stote)
VS A15 (4) 15M 9/SS	23/FLAYERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DAMIN 4 '60 CITTING & Trums	IRE
	Pulle Mb	





24b. REGISTRAR'S SIGNATURE

Orthur S. Frank

24a, REC'D BY REGISTRAR

VS A15 (4) 15M 9/5B

23 FUNERAL DIRECTOR'S SIGNATURE



13302

13265

Rea.	PAT-A	8.6.
B. 0 Cz.	DIST.	IND.

	- 10 17 11									
1. PLACE OF DEATH o. COUNTY A	Α.	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY A. A.							
	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street del Gen [‡] l. Hosp	oddress)	/ Arnold / street address Ferry	Point Yatch	Basi n	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	To be at	Middle	Lost Lost	Last 4. DATE Month Day						
5. SEX 6. COLOR OR RACE 7. MARRIED										
male	White WIDOW!		Oct. 11, 190	08 5	угъ.	N OF WHAT COUNTRY?				
Superviso	ing lite, even if retired)	Western Elec.	Md.							
13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME						
Frederick	Warren	SOCIAL SECURITY NO. 117. I	Unknown NFORMANT	<u> </u>	Address					
(Yet, no. or unknown)	If yes, give wor or dates of service)		. Francis L.	Klumm - 510		iew Rd.				
1	TH [Enter only one couse per little TH WAS CAUSED BY:	ne for (o) (b), ond (c)]	2 2 2		,	INTERVAL BETWEEN ONSET AND DEATH				
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PART 11. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	2.0601	IINAL DISEASE CONDITI	ON GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO				
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ZOE TIME OF INJUR Hour o. m. p. m.	f Month, Doy, Year 20d II While of wor	Not while fo	ACE OF INJURY (Home fore clory, street, office bldg., el	m. 20f. (City or town)	(Cou	nty) (Slote)				
21. I certify th	at I attended the deceas	ed from 12-13	, 19.5.3 to	12-26.	19.59 that I las	t saw the deceased				
alive an	2 19	and that death	accurred at	ADDRESS (Street, city o		date stated abave. DATE SIGNED				
ACTUAL SIGNATURE	dette pe	19-1115	MD 45 F	& Santa Ca	- 5. P	unajet Les !!				
PHYSICIAN'S NAME (Type)	FD. TH RC	DEERA	P							
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City.	• •	(Stote)				
23 FUNERAL DIRECTOR	SIGNATURE	ADDRESS CO	24a. REC	D BY REGISTRAR 24	REGISTRÂR'S SIGNA	ATURE				
1/114 4.	Takiller,	Year-Ral	CO DATES	C 2 8 '50	,					
		6	My.		Lindson J. Tu	wel				

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely filled in grathe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove curbon papers. Pages 1 and 2 should be filled and 2 should be filled and 2 should be filled by the registror prior to burial, cremation, or removal, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves TO HOSPITAL

VS A15 (4) 15M 9/55

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Joffer death. Page 4"

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director,

funeral

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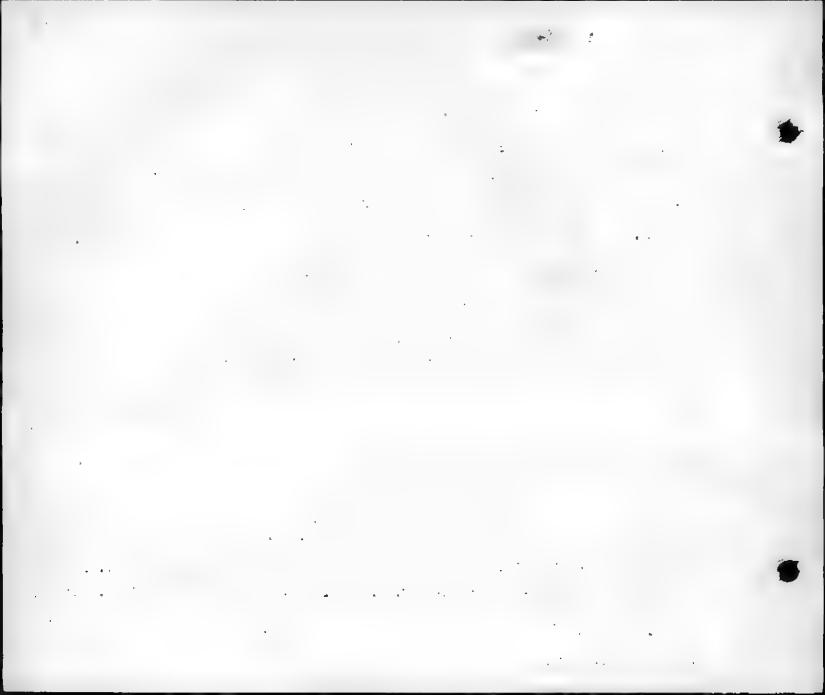
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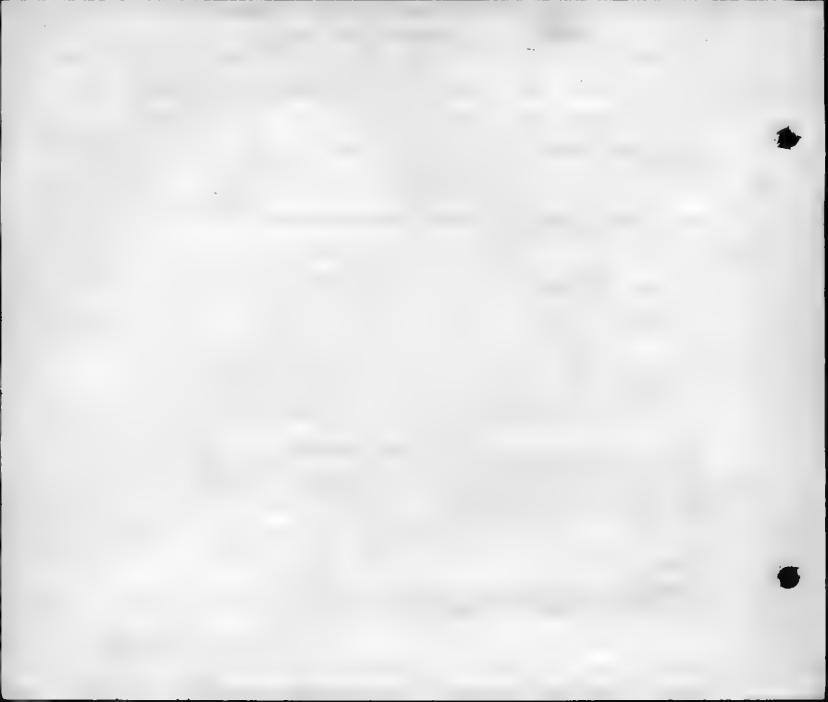
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		13321 CERTIFICATE OF DEATH Reg. Dist. No. 13304
director Milet Milet	1	PLACE OF DEATH COUNTY Clube CEVIL OF E MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE MARYLAND COUNTY Clube County Cou
funeral		CITY OR TOWN (If autside carporple limits, write c LENGTH OF STAY IN 1b RURAL and give nearest lown) The Burat along Delluruere 100 for the Burat along the B
6 092		d. NAME OF HOSPITAL (le not in hospital, give street address) OR INSTITUTION Lina (Willy Wary dunc) d. STREET ADDRESS ON A FARM? YES IN NO IN
filled in	L	NAME OF DECEASED WITH TENT WORLD STOLL Lost Lost VI DATE OF DEATH WEEL. 8 1959
pletely are. Page	5. 1	WIDOWED DIVORCED DIVORCED Months Doys Hours Min.
and com		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAGE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? Unknown
8 8 8	13.	FATHER'S NAME 2 In le nezen 14 MOTHER'S MAIDEN NAME 2 In le nezen
ng physici e remove 72 haurs	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If you, give wer or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If you, give wer or dotes of service) 2007 Elyston
pleas	Γ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH
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an. sit perm md in a		gove rise to immediate couse (a), stating the under- lying cause last. DUE TO Lying cause last.
physici has been rial-tran naval, a	FICATION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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al or aff	MEDICA	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m. 19 While Not while at wark of wark of wark of wark 19 Not wa
haspin After thed for rial, ar		21. I certify that I attended the deceased fram 12/1, to 19/1, to 19/1 That I last saw the deceased alive an 19/1, 19 —, and that death occurred at 7/19/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
CTOR:		ACTUAL ACTUAL ACTUAL () ADDRESS (Street, city of town state) DATE SIGNED
RAI should be strar prior		PHYSICIAN'S FEILIS GIRUNDERG ODENTON
FUNE Sge 3	220	BURIAL CREMATION, 12b. DATE THEREOF / 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Giv., town, or county) (State)
A2 V2 V2 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE DEC 1 4 59 DATE DEC 1 4 59
15M 9/55		Ollo Venna. and I # 1



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VS A15 (4)

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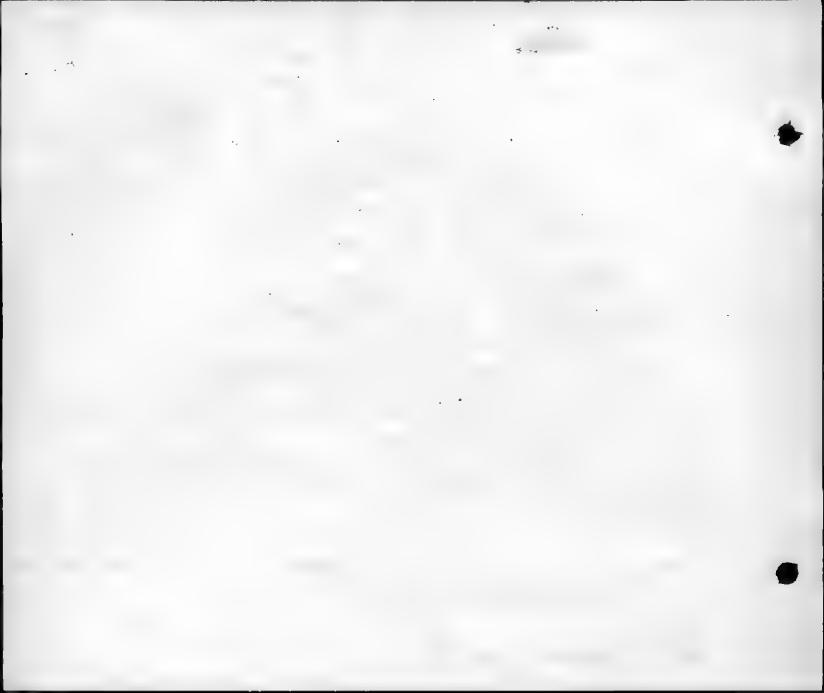


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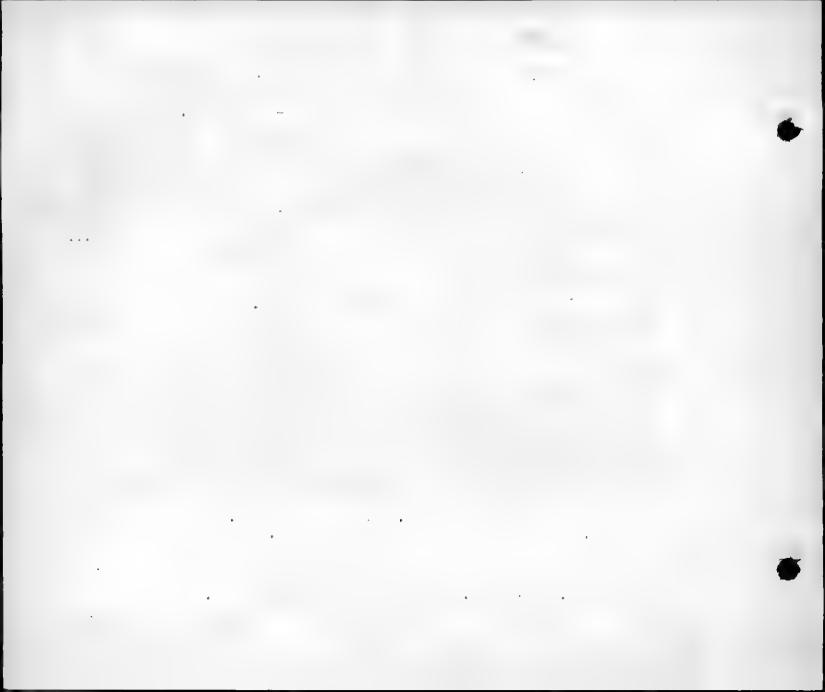
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VS A15 (4) 15M 9/58

4	13323	CERTIFICATE OF	DEATH	Reg. Dist. No.	
	1. PLACE OF DEATH o. COUNTY Anny Arundi	MARYLAND 2. USUAL RES	DENCE (Where deceased lived.	If institution: Residence before COUNTY	re admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16 C. CITY OR	TOWN (If outside corporate for		rest town)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 306 6/3486 TV DF1	d. STREET	address 6 6/ neste	Cot of the second	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Anna.	Lo Middle Colling	4. DATE OF DEATH	December 3	y Yeor ろ 19 シザ
	5. SEX 6. COLÓR OR RACE 7. MARRIED	DIVORCED 12 Jul	H 9. AG last	E (In years IF UNDER 1 YEAR Months Days	Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHP	LACE (State or foreign country)	12.CITIZEN OF	WHAT COUNTRY?
	13. FATHER'S NAME Ralkh Wickels	Ca	MAIDEN NAME	ext Dam.	. A. F.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give weir or dofes of service)	L SECURITY NO INFORMANT	ell Williams	Address	
	18 CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o), (b), and (c)]			ERVAL BETWEEN
	Conditions, if ony, which) (b) / fush	entensed Cir	diorneula	desease ;	2 year
	gove rise to immediate couse (a), stating the under-lying cause last (c)	accologed are	tu relier	2 is 2	years
)	PART II OTHER SIGN FICANT CONDITIONS CONTRIB	BLING TO DEATH BUT NOT RELATED TO	O THETERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	PERFORMED? YES NO
		HOW INJURY OCCURRED (Enter noture	of injury in Port I ar Port II of	item 18.)	
		OCCURRED Not while It work	(Hame, farm, 20f. (City or tove bldg., etc.)	wn) (County)	(State)
	21. I certify that I attended the deceased fra	am fine 4 , 192		3.1927, that I last sav	
	ACTUAL R. M. M. Jangs	blin M.D. R.F.V.	ADDRESS (Street, c 8 Box 442 Pa		DATE SIGNED
	PHYSICIAN'S R.M. Mc Lac	ughlin	er state state for 190 190 190 190 190 190 190 190 190 190		
	Theria Tocc, 1959 19	NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, tawn, or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	DERESS / MIENIE, MA	24a. REC'D BY REGISTRAR DATDEC 8 '59	245. REGISTRAR'S SIGNATU	



15M 9/58



سل	1 w		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
X			13324 CERTIFICATE OF DEATH Reg. Dist. No. 13308
9 0 0 0	filed with	1.	PLACE OF DEATH COUNTY O COUNTY O STATE 2 USUAL RESIDENCE (Where deceased lived it institution: Residence before admission) O. STATE D. COUNTY A. A.
r death.	be pe		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) RURAL and give nearest town) X X X X X X X X X X X X X
	d 2 should		d NAME OF HOSP TAL (If not in haspital, give street oddress) OR INSTITUTION Serve Con A FARM? YES \(\) NO \(\)
n 24 ho	filled in		NAME OF DECEASED (Type or print) Forth Bestner Woodruff DEATH Dec 30 1959
ed withi	pletely ers. Pac		SEX 6. CÓLOR OR RACE 7. MARRIED NEVER-MARRIED B DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdey) Months Doys Hours Min Yes, Months Doys Hours Min Months Doys Min
execulo	ban pape er death.		a. USUAL OCCUPATION (Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cayalty) 12. CITIZEN OF WHAT COUNTRY? 4. C. S.
icate be	physician of may carbo hours offer) 13	1 Bert Henry de Folest Janother's Maidenrians. Douglas.
th certif	aing phy	IS (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT
the deat	e aften nen plec int withi		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congression (b), and (c).]
es that	anit. Ti		Conditions, if any, which gave rise to immediate (b) Classes Courte C. V. Classes Se.
requir	and in	l z	cause (a), stating the <u>under-lying cause last.</u> DUE TO
he low physic	nas ber navol,	CATIO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 10
IAN: T	thicate the burner of real to a real the burner of the bur	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
PHYSIC tal ar at	Ihis cert r use as rematian	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of work of twork of twork of twork of twork of two
NDING te haspi	c: Affer sched fa surial, c		21. I certify that I attended the deceased from 19, 19, to 19, that I last saw the deceased alive an 12-29-17, 19, and that death accurred at 11 A.M. from the causes and an the date stated above.
ATTE by th	be deto		ACTUAL SIGNATURE ACTUAL SIGNATURE SI
PITAL .	egistrar p		PHYSICIAN'S HORES & R. Harlier Md.
HO o, t	page 3	L	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Iown. or county) (Stole) REMOVAL (Specify) 2 Fan 60 Loudon Patk Bultimare, Mil.
V5 A	15 (4) 10/57	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glen Burnie, 141-Date 1 160 City & King



ADDRESS

E. Fort Ave.

24b. REGISTRAR'S SIGNATURE

arthur & Hays

24g REC'D BY REGISTRAR

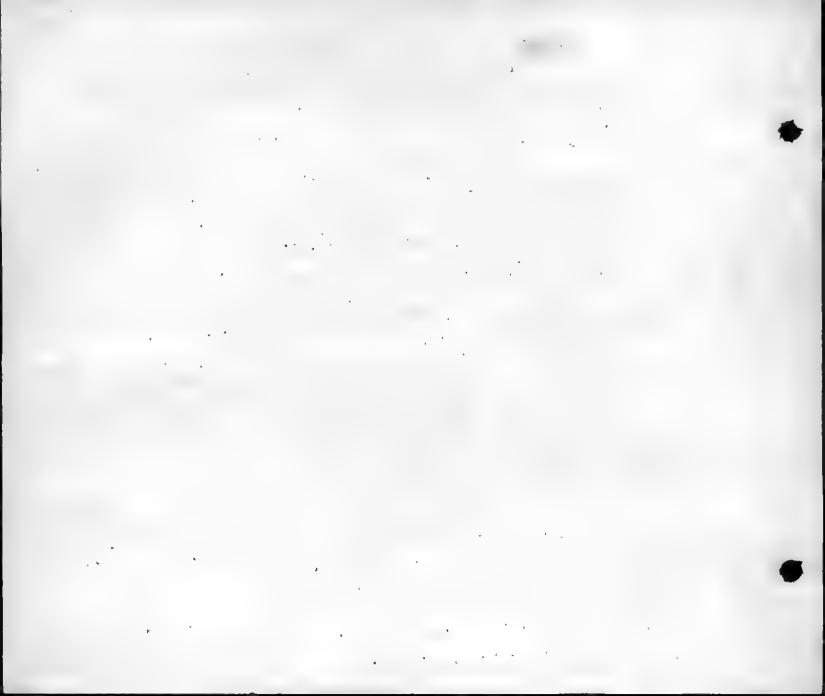
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certificate be deoth thot the

pode VS A15 (4) 15M 9/5B

23 FUNERAL DIRECTOR'S SIGNATURE

McCully Funeral Homes 130



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4 CERTIFICATE OF DEATH 13325 Rea. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) VOW 215 d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z puo 5 NAME OF Middle 4. DATE Day Year (Type or print) DEATH 195 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Thday) last b Months Days DIVORCED T WIDOWED TT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. FIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domesti HOUSCWEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicic hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 22 0 W CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY VI D IMMEDIATE CAUSE (o) DUE TO à Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? buriol YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, form, 20f. (City ar town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at wark 21. I certify that I attended the deceased fram 1944, that I last saw the deceased PM, fram the causes and on the date stated above. and that death accurred at CTOR DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S DW NAME (Type) co 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) 0

ADDRESS

24a, REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

HAZGEO STADHINED GREETH

	13327		CERTIFIC	ATE OF D	EATH			Reg. Di	st. No.	27	
1. PLACE OF DEATH o. COUNTY Anne Aru	ndel		MARYLAND	a. STATE	yland	ere deceased	lived. If institution b. COUNTY	Anne			
b. CITY OR TOWN (RURAL and give of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft George G Meade				own (If ou	itside corpor	ale limits, write R	URAL and	give near	est town)	
d. NAME OF HOSPITUTION	d. NAME OF HOSPITAL (If not in haspital, give street OF INSTITUTION U. S. Army Hospital			/ d. STREET A	ole Av	e			e	IS RESIDENCE ON A FARM? YES NOS	
3. NAME OF DECEASED (Type or print)	MARGA		Middle L	ZYLINSKI		4. DATE OF DEATH	Month December		23	Year 19 59	
5. SEX	6. COLOR OR RACE	7. MARR	DIVORCED	8. DATE OF BIRTH		1	P. AGE (In years last birthday) 63 yrs.	Months	Days	F UNDER 24 HRS. Haurs Min.	
during most of wor housewi	ON (Give kind of work king life, even if retired LE	done 10b.	KIND OF BUSINESS OR INDU	-	ACE (State of		untry) 1525	12. CII	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME UI	akown			14. MOTHER'S	-	AME AME	Unknow	m			
ty. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of			informantrs aughter-i	Zylin n-law		Add De	orsey	, Md	ė	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: Corebrovascular accident IMMEDIATE CAUSE (a)									INTER	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the under-										yrs.	
PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	- ' '	WAS AUTOPSY PERFORMED? YESS NO	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES(CRIBE HOW INJURY OCCURRI	ED. (Enter nature of	injury in P	art I or Part	ll of ilem 18.)				
ZOc. TIME OF INJUS Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. It While at worl	Not while fo	ACE OF INJURY () actory, street, office	lome, form, bldg., etc.)	20f. (City	or town)	{	County)	(State)	
	nat lattended the 23 December		ed fram. 21 Decr		2;50	M, from	the causes o	ind an t	he date	stated above DATE SIGNE	
PHYSICIAN'S NAME (Type)	M. J. MYER	S, M.	D.								
22a. BURIAL, CREMATIC REMOVAL (Specify,	226. DATE THEREO		22c. NAME OF CEMETERY O		Cem.		ON (City, town, o	or county)	vlan	(State)	

may be retermed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in TO HOSPITA VS A15 (4) 15M 9/55

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page 3 shauld be detached for use as the buriat-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar pagers. Pages 1 and 2 shauld be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

er death! Page 4 8

M

05

Burial 12'26:59 Meadowridge M.

23. FUNERAL DIRECTOR'S SIGNATURE

Howard H. Hubbard 4107 Wilkens Ave.

Meadowridge Mem.

24a. REC'D BY REGISTRAR DATE DEC 2 8 '59

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

13311

